

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



August 3, 2020

Mr. Dave Magnino, EMS Administrator
Sacramento County Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2018 emergency medical services (EMS) plan submission to the EMS Authority on July 10, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan does not meet all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and therefore, is not approved.

The area that indicates the plan is not concordant and consistent with statutes, regulations, and/or case law is indicated below.

Approved	Not Approved	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staffing/Training</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Communications</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Response/Transportation</u>

Advanced life support (ALS) agreements are not in place with the following providers:

- City of Folsom Fire Department
- Cosumnes Fire Department
- Sacramento City Fire Department
- Sacramento Metropolitan Fire District
- Wilton Fire Protection District

Additional documentation was provided by Sacramento County on February 20, 2020, and February 28, 2020, in response to the EMS Authority's letter dated January 2, 2020, requesting copies of ALS agreements or clarification on why ALS

Mr. Dave Magnino, EMS Administrator
August 3, 2020
Page 2 of 2

agreements do not exist. The EMS Authority has reviewed your letter dated February 28, 2020, and the included letter dated February 13, 2020, from the Sacramento County Fire Chief's Association regarding their belief that the stipulated agreement obviates the requirement for an agreement for the provision of ALS services. The EMS Authority does not agree with their assessment and cannot approve Sacramento County's EMS plan until it provides a signed ALS agreement with all authorized providers, in accordance with HSC § 1797.178 and California Code of Regulations, Title 22, § 100168(b)(4).

Since these organizations remain unauthorized providers, they are unable to provide ALS services within Sacramento County.

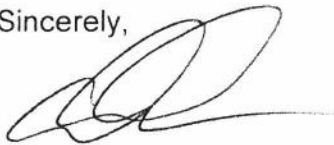
Based on the documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

Pursuant to HSC § 1797.105(b), the EMS plan may not be implemented. If you desire to appeal the EMS Authority's denial of the plan to the Commission on EMS, please notify the EMS Authority in writing within 15 days of your receipt of this letter, and the EMS Authority will schedule the appeal hearing process with the Office of Administrative Hearings.

If you have any questions regarding the plan review, please contact me at (916) 322-4336.

Sincerely,



Dave Duncan, MD
Director

Enclosure

[illegible]

Department of Health Services

Peter Beilenson, MD, MPH,
Director

**County Executive**

Navdeep S. Gill

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

November 7, 2019

David Duncan, MD,
Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA. 95670

***RE: 2018 EMS Plan Annual Update - Amendment
Sent via Email on November 7, 2019***

Dear Dr. Duncan:

This letter serves as an amendment to the Sacramento County Emergency Medical Services (EMS) 2018 Annual Plan Update. It includes information requested by the EMS Authority's Systems Division regarding the followings:

- Public Information and Education
- Disaster Medical System Information
- Advanced Life Support (ALS) Agreements

Public Information and Education:

Sacramento County EMS Providers develop and offer educational opportunities based on problem identification, job scope and trend analysis. Base hospitals and critical care hospitals (Stroke, STEMI and Trauma) are required to provide public education and information and encourages Sacramento County EMS Agency (SCEMSA) to participate.

SCEMSA partners with Dignity Health Collaborative Learning Center to provide, on a continuing basis, education on sex trafficking in Sacramento County. Sacramento County EMS Agency's Medical Director provides PowerPoint presentations for STEMI, Stroke, Opioid abuse/response, video training and education located on Sacramento County EMS Agency website for review and CE.

November 7, 2019

RE: 2018 EMS Plan Annual Update - Amendment

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Disaster Medical Systems Information:

SCEMSA serves as the primary point of contact for the Medical and Health Operational Area Coordinator (MHOAC) program. The MHOAC program is established by the California Medical and Health Emergency Operations Manual. SCEMSA assists medical and health partners in the community during emergencies and disasters by coordinating resources during a response.

Advanced Life Support (ALS) Agreements:

SCEMSA has medical control oversight for all ALS providers in Sacramento County. Sacramento County's four (4) ALS 9-1-1 fire departments provide treatment and transport for the residents of Sacramento County per the 1999-2000 Sacramento County Superior Court Settlement Agreement. Additionally, one (1) ALS 9-1-1 fire department is a non-transport ALS provider per the 1999-2000 Sacramento County Superior Court Settlement Agreement. Sacramento County has nine (9) private ground ALS ambulance service providers, two (2) private air ALS ambulance service providers and one (1) ALS Non-transport service providers covered under individual contracts for ALS service. The ALS providers are listed below:

ALS 9-1-1 fire departments: Cosumnes Community Services District Fire Department, City of Folsom Fire Department, City of Sacramento Fire Department, Sacramento Metropolitan Fire District and Wilton Fire Protection District.


Private ground ALS ambulance: Alpha One Ambulance Medical Services, American Medical Response, Bay Medic Transportation, Falck Northern CA Corp., Medic Ambulance Services, Norcal Ambulance, ProTransport-1, Sacramento Valley Ambulance, TLC Transportation, Inc.

Private Air ambulance: CALSTAR and REACH.

Non-transport ALS provider: CA Highway Patrol – Capitol Protection Services Division

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,



David M. Magnino, B.S. - EMT-P
EMS Administrator

Attachments: 13

cc: Tom McGinnis
Angela Wise



County of Sacramento

July 10, 2019

Julie Souliere, CA Health and Human Services, Assistant Secretary
Emergency Medical Services Authority, Interim Director
10901 Gold Center Dr, Suite 400
Rancho Cordova, CA 95670

Dear Assistant Secretary Souliere

Please see the attached annual updates to the Sacramento County 2018 Emergency Medical Services (EMS) Plan, the 2018 Trauma System Annual Update, and the 2018 Annual Quality Improvement Program (QIP). These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 12, EMS System Quality Improvement.*

EMS PLAN ANNUAL UPDATE

No significant changes have been made to the EMS Plan during the past year. Key items are noted below.

SECTION I: Summary of System Status

#1.02 – LEMSA Mission:

- Staff worked to improve the data collected from out-of-hospital providers by monitoring the quality of data submitted on a monthly basis. All ALS providers were compliant and submitted NEMSIS v3.4.
- Will continue efforts to implement NEMSIS v3.4 data submission by Basic Life Support (BLS) first responder agencies by December 31, 2019. As of December 31st, 2018, three (3) of seven (7) BLS organizations submit NEMSIS v3 data.

#1.10 – Special Populations:

- The Agency identified four special populations in 2017 and drafted plans to work with EMS providers and these populations:
 - Geriatric
 - Individuals with behavioral issues including children with autism
 - Bariatric
 - Economically disadvantaged youth
- During 2018, continued to work with EMS Providers to develop and implement the services necessary for these special populations.

SECTION III: System Resources and Operations

Table 3:

- In 2018, the number of personnel investigations increased as compared to 2017 and previous years. This increase occurred because the EMS Agency started to use and follow the EMS Authority's *Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT (Basic) and Advanced EMT*.

Table 6:

- Section 1b-f includes data from CA Emergency Medical Services Information System (CEMSIS) from the Patient Registry.

SECTION VI: Annex

Appendix 9:

- October 10, 2018 – Approval letter/EMS Plan
- October 12, 2018 – Trauma System Status Report
- November 7, 2018 – QIP Plan

TRAUMA SYSTEM STATUS REPORT

The narrative includes improvement information provided to EMSA regarding the Sacramento County Trauma System. Highlights include:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The EMS Agency works closely with the trauma centers to ensure accurate data is submitted to the CA Trauma Registry and presented in the quarterly TRC meetings.
- Data includes Trauma Incidents comparison from 2017 to 2018 as requested by the TRC.
- EMS Agency data personnel attended a Trauma Registrar course to obtain certification and to improve understanding of data submitted by trauma centers.

System Performance Improvement:

- The EMS Agency continues to focus on accurate trauma data submission since the conversion to the eICD10 codes.
- Worked with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Encouraged the Coroner's Office to regularly participate in the TRC and to provide information on identified cases.
- Worked with prehospital EMS providers to improve documentation practices and ensure Trauma Alerts are completed and reported.
- Worked with trauma centers to amend the Diversion Policy to address overcrowding in emergency departments (ED) causing the ED to exceed patient capacity.

QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

2018 Sacramento County Quality Improvement Program (QIP) Annual Update key changes include:

- Defined consistent documentation standards to improve the quality and accuracy of data submission.
- Developed and implemented dashboards to report data on four (4) focused elements.
- Continued to improve tracking of ambulance patient off-load times (APOT). Provided quarterly APOT data comparisons between 2017 and 2018 to stakeholders.

Active Projects include the following:

- Focus on the "Documentation Initiative" to meet EMSA Core Measures data requirements. This includes:
 - Data list for Receiving Facilities, Procedures, Medications, Sepsis, STEMI and Stroke
 - Guidelines for documentation of mandatory and critical data elements
- Monitor Law Enforcement Administration of Naloxone Program for the following:
 - Officers properly trained in handling and administration
 - Data collection
 - Feedback provision

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,



David Magnino
EMS Administrator

Attachments:

Trauma System Annual Update
Quality Improvement Program Annual Update
EMS Plan Annual Update

Cc:

Hernando Garzon, MD, EMS Medical Director
Sandy Damiano, PhD, Deputy Director, Primary Health Division

APPENDIX 9:

LETTERS FROM STATE APPROVING ANNUAL UPDATES

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



October 10, 2018

Mr. Dave Magnino, EMS Administrator
Sacramento County EMS Agency
9616 Micron Avenue, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2017 EMS Plan Update submission to the EMS Authority on September 7, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of Sacramento County's 2017 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Sacramento County received its last full plan approval for its 2010 plan submission, and its last annual plan update for its 2016 plan submission.

Historically, we have received EMS Plan submissions from Sacramento County for the following years:

- 1999
- 2001
- 2002
- 2004-2008
- 2010-2016

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Sacramento County's 2017 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Not | |
|--|--------------------------|---|
| Approved | Approved | |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

1. Ambulance Zones

- Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of Sacramento County's ambulance zones.

- | | | |
|--|--------------------------|--|
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Sacramento County's 2017 EMS Plan Update is approved.

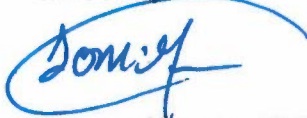
Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Sacramento County's next annual EMS Plan Update will be due on or before October 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

Approved

ZONE		EXCLUSIVITY		TYPE			LEVEL					
Sacramento County		Non-Exclusive		Emergency Ambulance		All Emergency Ambulance Services						
		Exclusive		ALS		9-1-1 Emergency Response						
		Method to Achieve Exclusivity		LALS		7-digit Emergency Response						
	X			ALS Ambulance								
				All CCT Ambulance Services								
				BLS Non-Emergency and IFT								
				Standby Service with Transport Authorization								

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			X
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		N/A			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		N/A			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X	X		
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		N/A			
4.20	"Grandfathering"		N/A			
4.21	Compliance		N/A			
4.22	Evaluation		N/A			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X	X		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		N/A			

[illegible]

**Sacramento County Emergency Medical Services Agency
Emergency Medical Services (EMS) Plan
Special Populations Plan**

Update of strategies and long-term process to develop and implement services for special population groups served by the EMS System.

Sacramento County EMS Agency (SCEMSA) is collaborating with local EMS providers to address special populations within Sacramento County by promoting campaigns focused on:

1. Dissemination of essential documents in the geriatric community.
2. Establishing best practices and resources for individuals experiencing behavioral crises/emergencies, including children with Autism.
3. Establishing best practices and resources for the bariatric population.
4. Outreach services for economically disadvantaged youth.

SCEMSA is committed to ensuring all EMS providers and Sacramento County residents have information about important issues and are equipped with appropriate resources and tools. SCEMSA collaborates with local EMS providers and nonprofit agencies to ensure the success of current and future EMS related programs.

Geriatric Population

Sacramento County's growing geriatric community includes several assisted living and independent living facilities in addition to forty-six (46) skilled nursing facilities. SCEMSA will work with local EMS providers in promoting the Vial of Life Program.

The Vial of Life (Lifesaving Information for Emergencies) Program allows individuals to have their complete medical information ready in their homes for emergency personnel to reference during an emergency. This program is used to provide medical information when a patient is unable to speak or remember the information. Vial of Life programs are commonly used by older adults and are promoted by senior organizations, but this life-saving program can be used by anyone. The Vial of Life ensures that emergency medical responders are able to provide appropriate care and expedite transport regardless of an individual's ability to communicate.

Advanced Life Support (ALS) transport units within the Sacramento County EMS system have a unique opportunity to interact with the public. SCEMSA encourages all EMS providers to use this interaction to educate the public and special populations on resources available to them during an emergency. SCEMSA will develop a Physician Orders for Life-Sustaining Treatment (POLST) campaign focused on encouraging EMS providers to educate their older patients about the benefits of completing a POLST form with their physician in advance. SCEMSA and local EMS providers will provide a POLST form should a patient request it. SCEMSA will contact dialysis centers, adult day care centers, and senior living communities to encourage training, making POLST forms available, and providing information regarding the benefits of completing a POLST form in advance.

SCEMSA encourages individuals to express their end of life wishes such as whether they would want the following treatment and care performed by EMS personnel:

1. Attempt cardiopulmonary resuscitation (CPR) in events where a patient is found unconscious, not breathing, or without a pulse.
2. Transport to the hospital, to be put on a breathing machine (if necessary), or be made comfortable where they live.

SCEMSA will offer printable Vial of Life and POLST forms with instructions on our website: [Emergency Medical Services](#)

**SCEMSA will track EMS provider participation in the Vial of Life Program and the POLST campaign in Table 1. The table identifies the EMS provider, indicates their participation and includes the number of facilities reached during the campaign.*

Individuals with Disabilities or Behavioral Issues

SCEMSA has identified a need to develop protocols that provide direction and training to the EMS providers when responding to individuals with disabilities or behavioral issues. SCEMSA will work on revising its current Behavioral Crisis/Restraint Policy (Policy # 8062) to include the care and approach to children with Autism or behavioral emergencies. The training will help EMS providers recognize when to use these protocols or when to contact law enforcement, with emphasis on maintaining patient safety.

SCEMSA will provide a link to the Journal of Emergency Medical Services (JEMS) “Evaluation and Management of the Psychiatric Emergencies in the Prehospital Setting” as part of the training. After completing the article, EMS providers will take a test and receive continuing education credits for passing the training.

SCEMSA is seeking assistance from agencies like Alta Regional (a nonprofit corporation that provides services to the developmentally disabled) to provide education on how to approach a child with Autism.

**Provider Participation will be tracked in Table 2. The table will provide a count of individuals completing the article and will indicate which providers attend the train the trainer class.*

Bariatrics

Bariatric transports are increasing and EMS providers need specialized equipment, resources and training. SCEMSA will work with the EMS providers to document bariatric gurney equipped ALS units and their daily availability per EMS provider. This information will be posted on the SCEMSA website as a community resource.

**Gurney equipped units documentation will be available in Figure 1.*

Youth

Hands Only CPR

The American Heart Association is promoting nationwide hands only Cardiopulmonary Resuscitation (CPR). SCEMSA is joining the movement by participating in planning a CPR Flash Mob at the Capitol steps. The Agency is looking into the Hands Only CPR for school age children.

City of Sacramento Fire Department Volunteer Reserve Program

Along with their firefighting responsibilities, Sacramento Fire Department Volunteer Reserves participate in local events and community outreach. The Volunteer Reserve Program targets recruitment in disadvantaged areas by visiting low-income elementary schools and encouraging children to explore EMS careers thus creating a positive impact in the community.

SCEMSA EMS Specialist Dorthy Rodriguez will represent SCEMSA on the oral interview hiring panel conducted twice a year.

References

Behavioral: J. David Ritchie, MD (2014). Evaluation and Management of Psychiatric Emergencies in the Prehospital setting. Journal of Emergency Medical Services (JEMS)

Geriatric: Jeff Miller, (1981). <http://www.vialoflife.com/>

Autism: Alta California Regional Center <https://www.altaregional.org/>

Hands Only CPR: American Heart Association. <http://www.heart.org/handsonlycpr>

Sacramento Fire Department Volunteer Reserve Program:
<http://sacramentofirereserves.org/about>

Sacramento County
2018 Special Populations Plan

Vial of Life and POLST Campaign (SAMPLE)

*Table 1

Provider Agency	Vial of Life Participant
AlphaOne Ambulance Medical Services Inc.	
American Medical Response - Sacramento	
Cosumnes CSD Fire Department	
Falck Northern California - SAC	
Folsom City Fire Department	
Medic Ambulance	
Norcal Ambulance - SAC	
ProTransport-1 - Sacramento	
Sacramento City Fire Department	
Sacramento Metropolitan Fire District	
Sacramento Valley Ambulance	
TLC Transportation, Inc.	

Note: EMS Providers participating in the Vial of Life and POLST Campaign with count of trained individuals.

Sacramento County
2018 Special Populations Plan

JEMS Behavioral Article & Train the Trainer Behavioral Emergency Class (SAMPLE)

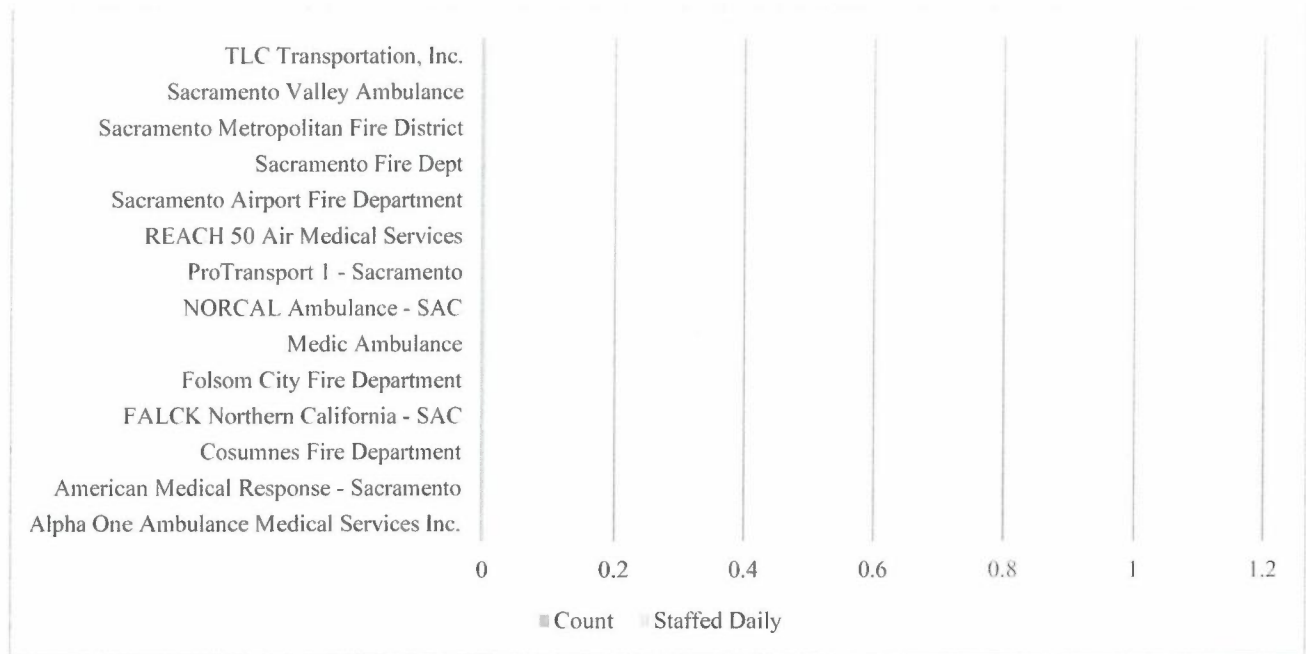
*Table 2

Provider Agency	Attended Train the Trainer class	Completed Article
AlphaOne Ambulance Medical Services Inc.		
American Medical Response - Sacramento		
Cosumnes CSD Fire Department		
Falck Northern California - SAC		
Folsom City Fire Department		
Medic Ambulance		
Norcal Ambulance - SAC		
Pro Transport -1 - Sacramento		
Sacramento City Fire Department		
Sacramento Metropolitan Fire District		
Sacramento Valley Ambulance		
TLC Transportation, Inc.		

Note: EMS Providers participating in the train the trainer behavioral emergencies class and count of individuals that completed the JEMS Evaluation and Management of the Psychiatric Emergencies.

Sacramento County
2018 Special Populations Plan

Bariatric Gurneys Count and Daily Availability (SAMPLE)



**Figure 1. Illustrates how many Bariatric Gurneys are currently available in Sacramento County and how many are daily staffed.*

DATA COLLECTION SYSTEM EVALUATION 2018

6.01 QA/QI Program

Sacramento County Emergency Medical Services (EMS) providers submit annual QIP updates per statute. In 2018, Sacramento County EMS Agency (SCEMSA) had one hundred (100) percent compliance from EMS Providers. Sacramento County conducts system wide Quality Improvement (QI)/Quality Assurance (QA). The Data Initiative (Attachment 1A) established in 2017 focuses on data collection accuracy of Medications/ Procedures/Primary Impressions/Hospital Codes (Attachment 1B). This initiative continues into the 2019 planning year. In line with the data initiative, Sacramento County conducts system wide and agency specific audits (Attachment 2) to evaluate compliance as part of the QI/QA Program.

6.02 Prehospital Records

A monthly report (Attachment 3) illustrating incident counts per EMS provider assists in monitoring consistent submission of prehospital records. Incidents are verified as needed.

6.03 Prehospital Care

Monthly system wide audits of electronic patient care reports (ePCRs) highlight opportunities for education, reassessment of protocols and new protocol implementation.

- Example: Medication administered audit highlighted the need to add transdermal Nitro to the medication list created in the documentation initiative.

Needs: Sacramento County Emergency Medical Services Agency's future goal is to merge EMS provider records with hospital records to assist with QI/QA and provider evaluation.

6.04 Medical Dispatch

The 2016 Medical Dispatch Policy (#2501.01) establishes QI/QA program guidelines for each EMS Provider agency. Drills conducted through EMResource monitor system efficiency. EMResource is web-based software that allows immediate communication between hospitals, EMS providers and SCEMSA, providing real-time system assessment. SCEMSA requires each EMS provider to maintain a QI/QA plan.

Needs: SCEMSA needs to monitor CQI practices and policy compliance within each dispatch center.

6.05 Data Management System

SCEMSA currently uses ImageTrend through Inland Counties Emergency Medical Agencies (ICEMA).

6.07 Provider Participation

EMS Providers participate in the following committees:

- Medical Advisory Committee (MAC)
- Operational Advisory Committee (OAC)
- Technical Advisory Committee (TAG)
- Trauma Review Committee (TRC)

For a description of each committee's goals see attachments 4a, 4b, 4c and 4d.

6.08 Reporting

SCEMSA shares monthly reports with hospitals and EMS providers, on an individual basis. An example of such reports is the Ambulance Patient Off-Load Time Report (See Attachment 5).

6.09 ALS Audits

ALS Audits conducted throughout 2018 include Stroke, STEMI, Cardiac Arrest and others. (See Attachment 6)

6.10 Trauma System Evaluation

Trauma System evaluation is based on data collected and patient outcomes according to current medical practices. Evaluations trigger discussion and possible protocol/policy modifications.

- Example: The Cervical Spine Immobilization protocol changed and Sacramento County EMS providers will now use Spinal Motion Restriction instead of Selective Spinal Immobilization.

6.11 Trauma Data

The Sacramento County trauma hospitals collect and submit data in compliance with the National Trauma Data Bank (NTDB). Sacramento County EMS providers submit ePCRs that are National Emergency Medical Services Information System (NEMSIS) compliant. Trauma data collected is presented during the quarterly Trauma Review Committee meetings (Attachment 7).

Attachment #1A

SCEMSA Quality Improvement – Improving Prehospital Care Documentation Initiative

Background:

Electronic Patient Care Report (ePCR) systems give us an unprecedented ability to use evidence based Quality Improvement (QI) processes to assess, improve, and direct change to our prehospital care and EMS system.

Preliminary review of ePCR systems currently in use, and current documentation practices reveal gaps in documentation when surveying for state mandated core quality measures.

The success of a quality improvement program is highly dependent on the accuracy and completeness of the data used for that QI program. This, in turn, is highly dependent on accurate and complete documentation by every prehospital care provider in the system, on every patient care interaction.

We have made great strides adopting ePCR documentation platforms which are NEMSIS 3.4 compliant. A critical step in ensuring that this information now available is complete and accurate will require focused attention and, training, and review of the documentation practices of every prehospital care provider.

Initiative:

1. **Defining and mapping critical data elements** – For QI data analysis to be accurate and useful, we must define what key elements and data fields are important to document and monitor, and do so in a consistent way across the entire system for accuracy. For this reason, the SCEMSA is in the process of defining SCEMSA-specific, abbreviated NEMSIS 3.4 lists for key data elements, to give ALS provider agencies direction on documentation and mapping for reporting data to ICEMA. The initial “Key data elements” lists include, the following:
 - Primary/Secondary Impression
 - Medications
 - Procedures
 - Destination facilities

NOTE: See separate Excel file for these lists.

2. **Documentation requirements for State and SCEMSA mandated core indicators** – In order to comply with state and SCEMSA QI program core indicator reporting requirements, the following are required documentation fields. Some are already widely well documented, while review of eCPRs has shown low compliance with the documentation of some of these critical elements. The following list is a guide of the critical documentation elements necessary to meet core indicator reporting requirements. Prehospital care provider agencies may use this list as a guide of documentation practices to teach and monitor for all their prehospital care providers. This list is for QI purposes only, and is not comprehensive to include standard and expected patient care documentation practices which include vital signs, narrative for chief complaint, exam, rationale for treatment, response to treatment, and more.

Required QI documentation elements (mandatory fields to complete on ePCRs as indicated):

These represent MINIMUM required documentation elements to capture critical data to comply with state and SCEMSA mandated core measures, and SCMESA QI Program documentation requirements

General:

- **Primary/Secondary Impression**
 - **eSituation.11** – Primary Impression
 - MUST be completed whenever a patient is encountered, including AMA patients if an assessment is done
 - MUST be taken from the SCEMSA Impressions list
 - **eSituation.12** – Secondary Impression
 - MAY be completed whenever a patient is encountered, if appropriate
 - MAY be taken from any NEMSIS 3.4 allowed ICD-10 diagnosis, when appropriate
- **Destination** [core indicator TRA-2, ACS-5, STR-3, RST-3]
 - **eDisposition.12** – Incident/Patient Disposition
 - MUST be completed on ALL ePCRs
 - **eDisposition.02** – Destination/Transferred To, Code
 - MUST be completed for ALL transported patients
 - MUST correspond to SCEMSA acute care facilities, mental health care facilities, coroners, and neighboring county, as noted in SCEMSA Destinations list, when patients are taken to one of these facilities
 - **eDisposition.21** – Type of Destination
 - MUST be completed for ALL transported patients (with attention to distinguish “4221003-Hospital-Emergency Department” from all other types of destinations)
 - **eDisposition.17** – Transport Mode from Scene
 - MUST be completed for ALL transported patients
- **Medications given** [ACS-1, PAI-1, RES-2, PED-1]
 - **eMedications.03** – Medications Given
 - MUST be documented from the SCEMSA Medications List, for any medications given by a SCEMSA EMT/Paramedic under SCEMSA protocol
 - MUST be used to document medications given by medical personnel or law enforcement prior to transporting team arrival, when eMedications.02 is also documented as “Yes”
 - MAY be used to document medications outside SCEMSA protocol only when given by CCT of flight RN operating under CCT/flight protocol/policy
 - Medications given by by-standers or family shall be documented in the narrative section of the ePCR
 - Medications required by protocol but not given MUST be documented using the appropriate Pertinent Negative NEMSIS 3.4 value (8801007 - Medication Allergy, 8801009 - Medication Already Taken, etc)
- **Procedures** [ACS-2]
 - **eProcedures.03** – Procedure

- MUST be documented from the SCEMSA Procedures List, for any procedure done by a SCEMSA EMT/Paramedic under SCEMSA protocol
 - MUST be documented appropriate to operating protocol of a CCT or flight RN
- **Times** [core indicator TRA-1, ACS-3, STR-3, RST-1, RST-2]
 - **eTimes.03** – Unit Notified by Dispatch Date/Time
 - MUST be documented on ALL ePCRs
 - **eTimes.07** – Arrival at Patient Date/Time
 - MUST be documented on all patient contacts
 - **eTimes.09** – Unit Left Scene Date/Time
 - MUST be documented by transporting unit on all transports
 - **eTimes.11** – Patient Arrival at Destination Date/Time
 - MUST be documented by transporting unit on all transports

Trauma – Applies to any trauma related impression – By the SCEMSA-EMSA Impressions list, this includes (3): “Traumatic arrest (I46.8),” “Traumatic Injury (T14.90),” or “Burn (T30.0)”:

- EVERY patient with a trauma MUST be evaluated for Trauma Triage Criteria [core indicator TRA-2, PED-2]:
 - **eInjury.03** – Trauma Center Criteria (Step 1 & 2 Physiologic and Anatomic Criteria)
 - If no physiologic/anatomic criteria are met, this field SHALL be left blank, and the software should auto populate with “7701003-Not Recorded”
 - A “Not Recorded” value will be taken to mean the patient did NOT meet these triage criteria
 - **eInjury.04** – Vehicular, Pedestrian, or Other Injury Risk Factor (Mechanism & Special Considerations Criteria)
 - If no mechanism or special criteria are met, this field SHALL be left blank, and the software should auto populate with “7701003-Not Recorded”
 - A “Not Recorded” value will be taken to mean the patient did NOT meet these triage criteria
 - **eDisposition.24** (Pre-Alert or Activation) – For transported patients who do NOT meet any trauma triage criteria, the selection MUST be “4224001 - No”. For patients who meet trauma triage criteria, the selection should be “4224017 Yes-Trauma (General)”
 - **eDisposition.25** – date/time pre-alert notification given

Acute Coronary Syndrome - Applies to any impression of ‘Chest Pain – suspected cardiac (I20.9)’ or “chest pain – STEMI (I21.3)”:

- Documentation of all medications given [eMedication.03], including ASA [core indicator ACS-1]
 - Medications required by protocol but not given MUST be documented using the appropriate Pertinent Negative NEMSIS 3.4 value (8801007 - Medication Allergy, 8801009 - Medication Already Taken, etc)
- Documentation of 12 lead ECG [eProcedures.03 – as “12 Lead ECG Obtained” – 268400002], if done [core indicator ACS-2]
- **eDisposition.24** (Pre-Alert or Activation) – For transported patients who do NOT meet STEMI criteria, or when no alert given, the selection MUST be “4224001- No”. For patients who meet

STEMI Criteria, the selection must be “4224013 Yes STEMI” when alert is called [core indicator ACS-4]

- eDisposition.25 – date/time pre-alert notification given [core indicator ACS-4]

Cardiac Arrest – Applies to any impression of “Cardiac Arrest” (I46.9):

- Documentation if AED was placed/used on patient prior to EMS arrival with data field **eArrest.07** [core indicator CAR-1]
- Document any CPR delivered before arrival of prehospital personnel on scene documented with data field **eArrest.05** [core indicator PUB-1]
- Documentation of any return of spontaneous circulation (ROSC) with data field **eArrest.12** [core indicator CAR-2]
- **eDisposition.24** (Pre-Alert or Activation) – For transported patients in Cardiac Arrest, the selection must be “4224005 Yes Cardiac Arrest” when alert is called. When no alert given, “4224001 - No” MUST be selected
- **eDisposition.25** – date/time pre-alert notification given

Stroke – Applies to any impression of “Stroke” (I63.9):

- Documentation of the PCSS score with data field **eVitals.29** [core indicator STR-1]
- Documentation of Date and Time of onset of Stroke symptoms with data field **eSituation.18**. (DO NOT use eSituation.01, or eSituation.05)
- Documentation of Finger stick glucose with data field eVitals.18 [core indicator STR-2]
- **eDisposition.24** (Pre-Alert or Activation) – For transported patients with a positive PCSS, the selection must be “4224005 Yes Stroke” when alert is called. When no alert given, “4224001 - No” MUST be selected
- **eDisposition.25** – date/time pre-alert notification given [core indicator STR-4]

Respiratory – Applies to any of the following impressions – “Inhalation Injury (I68.9),” “smoke inhalation (I70.5),” “Respiratory distress / Other (J80),” or “Respiratory Distress/CHF/pulmonary edema (J81.0),” “Respiratory arrest/failure (J96.9),” “Respiratory distress/bronchospasm (J98.01)”:

- When used, document any use of CPAP under eProcedures.03 with SNOMEDCT 47545007 [core indicator RES-1]
- When given, document any use of bronchodilators under eMedications.03 [core indicator RES-2, PED-1]

Pain Management – Applies whenever Pain Management policies 8066, and 9018 are used:

- Document any use of opiate pain medication, dose and route under eMedications.03, .04, and .05 [core measure PAI-1]
- Document pain scale before and after treatment with data field **eVitals.27** [core measure PAI-2]

Airway Management – Applies when any advanced airway management is used:

- Document any advanced airway management used (supraglottic device, endotracheal device, stomal intubation, or cricothyrotomy), and number of attempts with completion of ALL the following data fields – **eAirway.01-.09** [core indicator SKL-1]

- Document use and results of end-tidal CO2 monitoring with anyone with an advanced airway with data field **eVitals.16** [core indicator SKI-2]

Sepsis Management – Applies whenever primary Impression is “Sepsis (A41.9),” or when Policy 8067 is utilized.

- Document temperature with data fields **eVitals.24** and **eVitals.25**
- Document IV fluids given with **eMedications.03**
- **eDisposition.24** (Pre-Alert or Activation) – For patients who meet sepsis criteria per policy 8067, the selection must be “4224009 Yes Other” (there is no “sepsis” selection, so “other” will allow QI monitoring for this new policy), when alert is called. When no alert given, “4224001 - No” MUST be selected
- **eDisposition.25** – date/time pre-alert notification given

Attachment #1B

SCEMSA CEMSIH Hospital Code Worksheet

Hospital name	CEMSIS Code	Hospital Address	County
Kaiser Permanente, Morse	20197	2025 Morse Ave, Sac., CA, 95825	Sacramento
Kaiser Permanente, South Sac	20205	6600 Bruceville Rd, Sac., CA, 95823	Sacramento
Mercy General Hospital	20280	4001 J St, Sac., CA, 95819	Sacramento
Mercy Hospital Folsom	20282	1650 Creekside Dr, Folsom, CA, 95630	Sacramento
Mercy San Juan Medical Center	20286	6501 Coyle Avenue, Carmichael, CA, 95608	Sacramento
UC Davis Medical Center	20508	2315 Stockton Blvd, Sac, CA, 95817	Sacramento
Methodist Hospital	20288	7500 Hospital Drive, Sac., CA, 95823	Sacramento
VA Medical Center	20549	10535 Hospital Way, Mather, CA, 95655	Sacramento
Sutter Medical Center Sacramento	20475	2801 L St, Sac., Ca, 95816	Sacramento
Kaiser Permanente, Roseville	20196	1600 Eureka Rd, Roseville, CA, 95661	Placer
Sutter Medical Center Roseville	20481	1 Medical Plaza Dr, Roseville, CA, 95661	Placer
Sutter Auburn Faith Hospital	20470	11815 Education St, Auburn, CA, 95602	Placer
Sutter Davis Hospital	20473	2000 Sutter Place, Davis, CA, 95616	Yolo
Woodland Memorial Hospital	20533	1325 Cottonwood St, Woodland, CA, 95695	Yolo
Marshall Medical Center	20272	1100 Marshall Way, Placerville, CA, 95667	Eldorado
Lodi Memorial Hospital	20247	975 South Fairmont Ave, Lodi, CA, 95240	San Joaquin
Dameron Hospital	20094	525 West Acacia, Stockton, CA, 95203	San Joaquin
San Joaquin General Hospital	20391	500 West Hospital Rd, French Camp, CA,	San Joaquin
Saint Joseph's Medical Center	20457	1800 N California St, Stockton, CA, 95204	San Joaquin

Sacramento Coroners	1055		
Sacramento County Mental Health	20378	2150 Stockton Blvd	
Sierra Vista Hospital	20430	8001 Bruceville Road	
Sutter Center for Psychiatry	20471	7700 Folsom Blvd	

SCEMSA CEMSIS Medication Worksheet

EMS Term	(RxNorm) Code Value	RxNorm Description
Adenosine (e.g., Adenocard)	296	Adenosine
Albuterol (e.g., Proventil, Ventolin, AccuNeb)	435	Albuterol
Amiodarone (e.g., Cordarone)	703	Amiodarone
Aspirin	1191	Aspirin
Atropine	1223	Atropine
Atropine / Pralidoxime Auto-Injector (e.g., Duodote)	1659108	Atropine / Pralidoxime Auto-Injector
D10 (Dextrose 10% per 250 ML)	1795480	250 ML Glucose 100 MG/ML Injection
D25 (Dextrose 25%)	260258	Glucose 250 MG/ML Injectable Solution
D50 (Dextrose 50% solution)	237653	Glucose 500 MG/ML Injectable Solution
Diazepam (e.g., Valium)	3322	Diazepam
Diphenhydramine (e.g., Bendadryl)	3498	Diphenhydramine
Dopamine	3628	Dopamine
Epi 1:1,000 (Epinephrine 1 mg/ml)	328316	Epinephrine 1 MG/ML
Epi 1:10,000 (Epinephrine 0.1 mg/ml)	317361	Epinephrine 0.1 MG/ML
Epinephrine 0.01 mg/ml (Epi 1:100,000) [Push Dose Epi]	330454	Epinephrine 0.01 mg/ml
Epinephrine Auto-Injector, Adult (0.3 ml of Epi 1.0 mg/ml)	727345	0.3 ML Epinephrine 1 MG/ML Auto-Injector
Epinephrine Auto-Injector, Junior (0.3 ml of Epi 0.5 mg/ml)	727316	0.3 ML Epinephrine 0.5 MG/ML Auto-Injector
Epinephrine, Racemic HCl	314610	Epinephrine, Racemic Hydrochloride
Fentanyl	4337	Fentanyl
Glucagon	4832	Glucagon
Glucose Oral Gel (e.g., Glutose, Insta-Glucose)	377980	Glucose Oral Gel
Hetastarch (e.g., Hespan, Hextend)	5531	Hetastarch
Lactated Ringers (e.g., LR, RL)	1008377	Calcium Chloride / Lactate / Potassium Chloride / Sodium Chloride
Lidocaine	6387	Lidocaine
Lubricating Jelly	324028	Lubricating Jelly
Midazolam	6960	Midazolam
Morphine	7052	Morphine
Naloxone (e.g., Narcan)	7242	Naloxone
Nitroglycerin	4917	Nitroglycerin
Nitro Paste RxNorm	1295573	Nitroglycerin Transdermal Product
Normal Saline 0.9% Infusion Solution (Sodium Chloride 0.9%)	313002	Sodium Chloride 0.154 MEQ/ML Injectable Solution
Normal Saline, irrigation	373902	Sodium Chloride Irrigation Solution
Ondansetron (e.g., Zofran)	26225	Ondansetron
Oxygen	7806	Oxygen
Potassium Chloride ≤ 40mEq/L (monitor and adjust IV solutions containing KCl)	8591	Potassium Chloride
Pralidoxime (e.g., Protopam) (2-PAM HCl)	34345	pralidoxime
Sodium Bicarbonate	36676	Sodium Bicarbonate
Sterile Water	107129	sterile water

SCEMSA - CEMIS Procedure list			
<u>First Tier Hierarchy</u>	<u>Second Tier Hierarchy</u>	<u>Underlying SNOMED CT Code</u>	<u>SNOMED CT Description</u>
Airway-Basic			
	Airway Device Removal	232708009	Removal of device from airway (procedure)
	Airway Opened	232664002	Manual establishment of airway (procedure)
	Assisted Ventilations (via Mask)	425447009	Bag valve mask ventilation (procedure)
	Assisted Ventilations (via Tube)	243140006	Lung inflation by intermittent compression of reservoir bag (procedure)
	CPAP	47545007	Continuous positive airway pressure ventilation treatment (regime/therapy)
	ETCO2 Colorimetric Detection	428482009	Colorimetric respired carbon dioxide monitoring (regime/therapy)
	Foreign Body Removal	232707004	Removal of foreign body from airway (procedure)
	Heimlich Maneuver	23690002	Heimlich maneuver (procedure)
	Mouth-to-Mask/Mouth Ventilation	243180002	Expired air ventilation (procedure)
	Nasal Airway Insertion	182692007	Nasopharyngeal airway insertion (procedure)
	Oral Airway Insertion	7443007	Insertion of oropharyngeal airway (procedure)
	Suction Airway	230040009	Airway suction technique (procedure)
Airway-Advanced			
	Cricothyrotomy, Needle	232689008	Percutaneous cricothyroidotomy (procedure)
	Direct Laryngoscopy	78121007	Direct Laryngoscopy
	ETCO2 Digital Capnography	425543005	Digital respired carbon dioxide monitoring (regime/therapy)
	Intubation, Existing Tracheostomy Stoma	232685002	Insertion of tracheostomy tube (procedure)
	Intubation, Oral	232674004	Orotracheal intubation
	Intubation, Oral using Bougie Device	450601000124103	Orotracheal intubation using Bougie Device (procedure)
	Intubation Reassessment	225718003	Intubation Reassessment
	Supraglottic Airway, Single Lumen (i.e. King)	450611000124100	Insertion of Single Lumen Supraglottic Airway Device (procedure)
	Transtracheal Jet Insufflation	448442005	Transtracheal jet ventilation (procedure)
Assessment			
	Advanced Spinal Assessment (i.e., spinal clearance)	445828009	Assessment using functional capacity evaluation (procedure)
	Glucose measurement, blood (33747003)	33747003	Glucose measurement, blood (33747003)
	Isolation Precautions	409582008	Isolation Precautions
	Orthostatic Vital Signs	425058005	Taking orthostatic vital signs (procedure)
	Patient Position Change	225286008	Patient Position Change
	Psychiatric Hold Status	170677006	Psychiatric Hold Status
	Physical Assessment	422618004	Continuous physical assessment (procedure)
	Pulse oximetry (252465000)	252465000	Pulse oximetry (252465000)
Cardiac			
	3 Lead ECG Obtained	428803005	3 lead electrocardiographic monitoring (procedure)
	12 Lead ECG Obtained	268400002	12 lead electrocardiogram (procedure)
	Cardioversion	250980009	Cardioversion (procedure)
	Chest Compressions (Mechanical Device)	429283006	Mechanically assisted chest compression (procedure)
	CPR, Manual	89666000	Cardiopulmonary resuscitation (procedure)
	Defibrillation, AED	450661000124102	Defibrillation using Automated External Cardiac Defibrillator (procedure)
	Defibrillation, Manual	426220008	External ventricular defibrillation (procedure)
	EKG Type - Patches/Paddles	428803005	EKG Type - Patches/Paddles
	Impedance Threshold Device	441893003	Active compression decompression cardiopulmonary resuscitation with use of inspiratory impedance threshold device (procedure)
	Left Ventricular Assist Device Care	386237008	Circulatory care: mechanical assist device (regime/therapy)
	Pacing, Cardiac	18590009	Cardiac pacing (procedure)
	Precordial Thump	225708008	Precordial thump (procedure)
	Vagal Maneuver	128968000	Vagal stimulation physiologic challenge (procedure)
Chest/Thoracic			
	Needle Decompression	182705007	Tension pneumothorax relief (procedure)
CNS			
General - Not otherwise classified			
	Contact Medical Control	304562007	Informing doctor (procedure)
	Decontamination	409530006	Decontamination (procedure)
	Eye Irrigation	49999004	Irrigation of eye (procedure)
	Monitoring of Preexisting Devices and Interventions	182777000	Monitoring of patient (regime/therapy)
	Patient Cooling (Cold Pack or General)	431774007	Active external cooling of subject (procedure)
	Patient Warming (Warm Pack or General)	431949004	Active external warming of subject (procedure)
	Restraint Applied, Chemical	406164000	Chemical restraint (procedure)
	Restraint Applied, Physical	386423001	Physical restraint (procedure)
GI/GU			
	Gastro Intestinal Tube Maintenance	384745002	Maintenance of gastrointestinal tract tube (procedure)
Musculoskeletal			
	Reduction of Dislocated Joint	58825001	Closed reduction of dislocation (procedure)
	Immobilization using Long Board	450591000124106	Immobilization using long board (procedure)
	Immobilization using Short Extrication Splint	707794004	Immobilization using extrication splint (procedure)
	Spinal Immobilization, Cervical	398041008	Cervical spine immobilization (procedure)

<u>First Tier Hierarchy</u>	<u>Second Tier Hierarchy</u>	<u>Underlying SNOMED CT Code</u>	<u>SNOMED CT Description</u>
	Spinal Immobilization, Full	426498007	Stabilization of spine (procedure)
	Splinting, General	79321009	Application of splint (procedure)
	Splinting, Traction	302488007	Application of traction using a traction device (procedure)
OB			
	Childbirth	236973005	Delivery procedure (procedure)
Soft Tissue			
	Burn Care	133901003	Burn care (regime/therapy)
	General Wound Care	225358003	Wound care (regime/therapy)
	Hemostatic Agent	372045002	Application of chemical hemostatic agents (procedure)
	Occlusive Dressing	22206003	Application of dressing, occlusive plastic (procedure)
	Pressure Dressing	26906007	Application of dressing, pressure (procedure)
	Tourniquet	20655006	Application of tourniquet (procedure)
	Wound Irrigation	225116006	Irrigation of wound (procedure)
Vascular Access			
	IO Cannulation	430824005	Intraosseous cannulation (procedure)
	Vascular Access via Existing Port (i.e., Portacath)	233550000	Cannulation of subcutaneous reservoir (procedure)
	Vein, Blood Draw	396540005	Phlebotomy (procedure)
	Vein, Catheter Removal	424287005	Removal of peripheral intravenous catheter (procedure)
	Vein, External Jugular	405427009	Catheterization of external jugular vein (procedure)
	Vein, Extremity	392230005	Catheterization of vein (procedure)
	Vein, Femoral	405442007	Catheterization of common femoral vein (procedure)
	Vein, Scalp	233526002	Peripheral venous cannula insertion - scalp (procedure)
Blood Administration			
	Transfusion of blood product (procedure)	116859006	Transfusion of blood product (procedure)

SCEMSA Primary Impressions List					
ICD-10 Code	Alternate Code & Diagnosis for non-billable codes	Category	Impression	Description	Notes
I46.9		Arrest/Shock	Cardiac Arrest - Non-traumatic	Cardiac arrest, cause unspecified	
I95.9		Arrest/Shock	Shock/Hypotension	Hypotension, unspecified	
F99		Behavioral	Behavioral/Psychiatric Crisis	Mental disorder, not otherwise specified	
I10		Chest Pain/Cardiac	Hypertension	Essential (primary) hypertension	
I20.9		Chest Pain/Cardiac	Chest Pain - Suspected Cardiac	Angina pectoris, unspecified	
I21.3		Chest Pain/Cardiac	Chest Pain - STEMI	ST elevation (STEMI) myocardial infarction of unspecified site	Must use for STEMI Alert
I49.9		Chest Pain/Cardiac	Cardiac Dysrhythmia	Cardiac arrhythmia, unspecified	
R00.2		Chest Pain/Cardiac	Palpitations	Palpitations	
R07.89		Chest Pain/Cardiac	Chest Pain - Not Cardiac	Other chest pain	
T63	T63.91XA / Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter	Environmental	Stings/ Venomous Bites	Toxic effect of contact with venomous animals and plants	
T67.0	T67.0XXA / Heatstroke and sunstroke, initial encounter	Environmental	Hyperthermia - Environmental	Heatstroke and sunstroke	
T68	T68.XXA / Hypothermia, initial encounter	Environmental	Hypothermia/Cold Injury	Hypothermia	
K59.1		GI/GU	Diarrhea	Functional diarrhea	
K92.0		GI/GU	Upper GI Bleeding	Hematemesis	
K92.1		GI/GU	Lower GI Bleeding	Melena	
N39.9		GI/GU	Genitourinary disorder, unspecified	Disorder of urinary system, unspecified	
R10.84		GI/GU	Abdominal Pain/Problems (GI/GU)	Generalized abdominal pain	
R11.2		GI/GU	Nausea/Vomiting	Nausea with vomiting, unspecified	
G40.901		Neuro	Seizure - Active	with status epilepticus	G40.90 is Epilepsy, unspecified, not intractable (do not use)
G40.909		Neuro	Seizure - Post	without status epilepticus	G40.90 is Epilepsy, unspecified, not intractable (do not use)
I63.9		Neuro	Stroke / CVA / TIA	Cerebral infarction, unspecified	Must use for STROKE Alert
G25.1		Neuro	Tremor, unspecified	Tremor, unspecified	
R41.82		Neuro	ALOC - (Not Hypoglycemia or Seizure)	Altered mental status, unspecified	
R42		Neuro	Dizziness/Vertigo	Dizziness and giddiness	
R51		Neuro	Headache - Non-traumatic	Headache	
R55		Neuro	Syncope/Near Syncope	Syncope and collapse	
N93.9		OB/Gyn	Vaginal Bleeding	Abnormal uterine and vaginal bleeding, unspecified	
O60.0	O60.00 / Preterm labor without delivery, unspecified trimester	OB/Gyn	Pregnancy/Labor	Preterm labor without delivery	
O80		OB/Gyn	Childbirth (Mother)	Encounter for full-term uncomplicated delivery	
O99	O26.90 / Pregnancy related conditions, unspecified, unspecified trimester	OB/Gyn	Pregnancy Complication	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	
A41.9		Other	Sepsis	Sepsis, unspecified organism	Must use for SEPSIS Alert
E13.64	E16.2 / Hypoglycemia unspecified	Other	Hypoglycemia	Other specified diabetes mellitus with hypoglycemia	
E13.65		Other	Hyperglycemia	Other specified diabetes mellitus with hyperglycemia	
G89.1	R45 / Pain, unspecified	Other	Non-Traumatic Body Pain	Acute pain, not elsewhere classified	
H57.9		Other	Eye Problem - Unspecified	Unspecified disorder of eye and adnexa	
H93.90		Other	ENT/Dental Problem - Unspecified	unspecified ear	H93.9 is Unspecified disorder of ear
M79.60	M79.609 / Pain in unspecified limb	Other	Pain/Swelling - Extremity - non-traumatic	Pain in limb, unspecified	
R04.0		Other	Epistaxis	Epistaxis	
R50.9		Other	Fever	Fever, unspecified	
R53.1		Other	General Weakness	Weakness	
R99		Other	Obvious Death	Ill-defined and unknown cause of mortality	
T75.4	T75.4XXA / Electrocutation, initial encounter	Other	Electrocutation	Electrocutation	
T78.2	T78.2XXA / Anaphylactic shock, unspecified, initial encounter	Other	Anaphylaxis	Anaphylactic shock, unspecified	
T78.40	T78.40XA / Allergy, unspecified, initial encounter	Other	Allergic Reaction	Allergy, unspecified	
R68.89		Other	Other general symptoms and signs	Other general symptoms and signs	applies
Y82	Y82.8 / Other medical devices associated with adverse incidents	Other	Medical Device Malfunction	Other and unspecified medical devices associated with adverse incidents	
Z00.00		Other	No Medical Complaint	without abnormal findings	Z00.0 is Encounter for general adult medical examination (do not use)
Z38.2		Ped	Newborn	Single liveborn infant, unspecified as to place of birth	
J00		Resp	Cold/Flu Symptom	Acute nasopharyngitis [common cold]	
J68.9		Resp	Inhalational Injury	Condition due to chemicals, gases, fumes and vapors	
J70.5		Resp	Smoke Inhalation	Respiratory conditions due to smoke inhalation	
J80		Resp	Respiratory Distress/Other	Acute respiratory distress syndrome	
J81.0		Resp	Respiratory Distress/Pulm Edema/CHF	Acute pulmonary edema	
J96.9	J96.90 / Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Resp	Respiratory Arrest / Respiratory Failure	Respiratory failure, unspecified	
J98.01		Resp	Respiratory Distress/Bronchospasm	Acute bronchospasm	
R68.13		Resp	ALTE (BRUE)	Apparent life threatening event in infant (ALTE)	
T58	T58.01XA / Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter	Resp	Carbon Monoxide	Specific to carbon monoxide	
T71.9	T71.9XXA / Asphyxiation due to unspecified cause, initial encounter	Resp	Airway Obstruction	Asphyxiation due to unspecified cause	
T75.1XXA		Resp	Submersion/Drowning	Unspecified effects of drowning and nonfatal submersion, initial encounter	

ICD-10 Code	Alternate Code & Diagnosis for non-billable codes	Category	Impression	Description	Notes
F10.92	F10.929 / Alcohol use, unspecified with intoxication, unspecified	Tox	Alcohol Intoxication	Alcohol use, unspecified with intoxication	
F19	F19.129 / Other psychoactive substance abuse with intoxication, unspecified	Tox	Overdose/Poisoning/Ingestion	Other psychoactive substance related disorders	
G24.0	G24.09 / Other drug induced dystonia	Tox	Dystonic Reaction	Drug induced dystonia	
R41.0		Tox	Agitated delirium	Disorientation, unspecified	
Z77.9		Tox	Hazmat Exposure - Skin Exposure	Other contact with and (suspected) exposures hazardous to health	
I46.8		Trauma	Traumatic Arrest	CA, other underlying condition	Must use 1 of these for TRUAMA Activation
T14.90	T14.90XA / Injury, unspecified, initial encounter	Trauma	Traumatic Injury	Injury, unspecified	
T30.0		Trauma	Burn	Burn of unspecified body region, unspecified degree	
For Secondary Impression Only, List to Include					
R53.1		Other	Other	Weakness	

Attachment #2

Primary Impressions, Medications, Procedures and Hospital Codes Dashboard

Year / Month	19 Oct	19 Nov	19 Dec	19 Jan	19 Mar	19-May	19-Jun	
Primary Impressions Quality Documentation Dashboard	System Total	System Total	System Total	System Total	System Total	System Total	System Total	Target
System Totals PRIMARY IMPRESSIONS, transported patients	8913	8994	9067	9416	10258	9163	9142	
Primary Impressions from SCEMSA List	8702	8880	8924	9211	10149	9112	9100	
Percentage of Primary Impressions from SCEMSA List	97.63%	98.73%	98.42%	97.82%	98.94%	99.44%	99.54%	≥ 95.00%
Not Applicable / Not Recorded / Blank	142	84		45	50	20		
Medications Quality Documentation Dashboard	System Total	System Total	System Total	System Total	System Total	System Total	System Total	
MEDICATIONS, All Patients	4973	5108	5379	5313	6500	6203	6062	
MEDICATIONS from SCEMSA List	4635	4783	4988	5229	6048	5820	5771	
Percentage of MEDICATIONS from SCEMSA List	93.20%	93.64%	92.73%	98.42%	93.05%	93.83%	95.20%	≥ 95.00%
Procedures Quality Documentation Dashboard	System Total	System Total	System Total	System Total	System Total	System Total	System Total	
System Totals PROCEDURES, transported to Hospital patients	20799	21585	21272	21116	23402	22459	22498	
PROCEDURES from SCEMSA List	19792	21274	21158	21023	23354	22333	22424	
Percentage of PROCEDURES from SCEMSA List	95.16%	98.56%	99.46%	99.56%	99.79%	99.44%	99.67%	≥ 95.00%
						0		
Hospital Codes Quality Documentation Dashboard	System Total	System Total	System Total	System Total	System Total	System Total	System Total	
System Totals , transported to Hospital	10466	10589	10769	10329	12099	10991	11047	
Hospital Code from SCEMSA List	10432	10546	10739	10225	12008	10961	10958	
Percentage of Hospital Codes from SCEMSA List	99.68%	99.59%	99.72%	98.99%	99.25%	99.73%	99.19%	≥ 95.00%

≥ 95.00%	< 95.00%	N/A	Blank cell with numbers
Equal to or greater than 95% Meets or exceeds Target	Less than 95% Target not Met	Not Applicable	Indicate incident count for field measured

Attachment #3

Completed Incidents Count. Destination address and
time are present

Agency Name (dAgency.03)	Count
Alpha One Ambulance Medical Services Inc.	14,331
American Medical Response - Sacramento	12,939
Bay Medic Transportation - SAC	169
Cosumnes Fire Department	11,716
FALCK Northern California - SAC	7,732
Folsom City Fire Department	4,929
Herald Fire Protection District	1
Medic Ambulance	4,050
NORCAL Ambulance - SAC	16,712
ProTransport 1 - Sacramento	18,819
REACH 50 Air Medical Services	25
Sacramento Fire Dept	42,597
Sacramento Metropolitan Fire District	46,552
Sacramento Valley Ambulance	2,337
TLC Transportation, Inc.	413

Report Filters

Incident Date: is equal to 'Last Year'

Report Criteria

Lemsa: Is In Sacramento

Incident Patient Arrived At Destination Date Time (Etimes.11): Is Not Blank

Disposition Destination Street Address (Edisposition.03): Is Not Blank

Response Ems Unit Call Sign (Eresponse.14): Does Not Contain Engine

Attachment #4A



Medical Advisory Committee (MAC)

May 1, 2017

Mission:

The MAC is established to advise Sacramento County Emergency Medical Services Agency (SCEMSA) Medical Director on improving services to prehospital care.

Purpose:

The Committee provides input and recommendations to SCEMSA Medical Director on education, training, quality improvement, and data collection. In addition the MAC serve to establish the standard of quality prehospital medical care for the SCEMSA system, and input into the establishment of that standard of quality prehospital medical care for the SCEMSA system.

Authority:

California Health and Safety Code, Division 2.5
California Code of Regulations, Title 22, Division 9

Membership:

MAC membership consists of:

One (1) Physician representative from each of the hospitals in Sacramento County who receive SCEMSA system patients, appointed yearly by the hospital's Medical Director and/or Chief of Medical Staff at the hospital.

One (1) Physician representative from the Sierra Sacramento Valley Medical Society.

One (1) Physician medical director / advisor from each Sacramento County designated Advanced Life Support agency.

The SCEMSA Medical Director, whom is the committee chair

Member Expectations:

Meetings are scheduled in advance and the meeting calendar is posted. Continuity of discussions is essential. Members are expected to attend and if unable to attend, send their alternate. The success of the Committee depends on active participation from its members and guest.

The committee shall meet every other month or at the call of the Chair. Minutes will be kept by SCEMSA staff and available for review one (1) week prior to the next scheduled meeting.

Categories and representatives are noted below.

Medical Advisory Committee

Representation	Number of Advisory Physicians	Agency
SCEMSA Medical Director	1	SCEMSA (1)
Sierra Sacramento Valley Medical Society (SSVMS)	1	SSVMS (1)
Sacramento County Advanced Life Support Agencies	14	AlphaOne (1) American Medical Response (1) California Highway Patrol (1) CALSTAR (1) Cosumnes CSD Fire Department (1shared) Falck (1) Folsom Fire Department (1 shared) Medic Ambulance (1) NorCal Ambulance (1) ProTransport-1 (1) R.E.A.C.H (1) Sacramento Fire Department (1 shared) Sacramento Metropolitan Fire District (1) Sacramento Valley Ambulance (1) TLC EMS, Inc. (1)
Sacramento County Hospitals	10	Kaiser Permanente-Sacramento (1) Kaiser Permanente -South Sacramento (1) Mercy Folsom Hospital (1) Mercy General Hospital (1) Mercy San Juan Medical Center (1) Sutter Roseville (1) Methodist Hospital (1) Sutter Medical Center, Sacramento (1) UC Davis (1) Veterans Hospital (VA) (1)
Total	26	

Attachment #4B



Operational Advisory Committee (OAC)

May 1, 2017

Mission:

The OAC is established to advise Sacramento County Emergency Medical Services Agency (SCEMSA) Medical Director and SCEMSA on the operational impact of medical oversight policies, procedures, and treatment protocols.

Purpose:

The Committee provides input and recommendations to SCEMSA Medical Director on the operational impact of education, training, quality improvement, and data collection. In addition the OAC has input into the establishment of the standard of quality prehospital medical care for the SCEMSA system. The OAC is an open meeting and topics to be considered for the agenda are welcome but must be received no later than fifteen (15) working days prior to the next scheduled meeting. Items for discussion are to be of an operational nature and relevant to SCEMSA system's performance.

Authority:

California Health and Safety Code, Division 2.5

California Code of Regulations, Title 22, Division 9

Membership:

Emergency Medical Services Liaison Officer (ELO) from each Advanced Life Support (ALS) service provider.

ELO from each Emergency Medical Technician (EMT) service provider that does not also offer ALS services

ELO from each dispatch agency

ELO from each of the hospital systems in Sacramento County and designated trauma centers

ELO from each of the hospital systems in Sacramento County and designated trauma centers
One (1) Paramedic from a 9-1-1 provider agency in Sacramento County selected by the 9-1-1 agency

One (1) Paramedic from a non-9-1-1 ALS provider agency in Sacramento County selected by the non-9-1-1 ALS provider

SCEMSA Medical Director, whom is the committee chair

SCEMSA staff

Member Expectations:

Meetings are scheduled in advance and the meeting calendar is posted. Continuity of discussions is essential. Members are expected to attend and if unable to attend, send their alternate. The success of the Committee depends on active participation from its members and guest. The committee shall meet every other month or at the call of the Chair. Minutes will be kept by SCEMSA staff and available for review one (1) week prior to the next scheduled meeting.

Operational Advisory Committee

Categories and representatives are noted below.

Seat	Number of Representatives	Agency
SCEMSA Medical Director	1	SCEMSA (1)
SCEMSA Staff	3	SCEMSA (3)
Advanced Life Support (ALS) Service Provider	16	AlphaOne (1) American Medical Response (1) California Highway Patrol (1) CALSTAR (1) Cosumnes CSD Fire Department (1) Falck (1) First Responder EMS (1) Folsom Fire Department (1) Medic Ambulance (1) NorCal Ambulance (1) ProTransport-1 (1) R.E.A.C.H (1) Sacramento Fire Department (1) Sacramento Metropolitan Fire District (1) Sacramento Valley Ambulance (1) TLC EMS, Inc. (1)
Emergency Medical Technician (EMT) service Provider non-ALS	6	Sacramento International Airport System Aircraft Rescue, Firefighting Division (1) Courtland Fire Protection District (1) Herald Fire Protection District (1) River Delta Fire District (1) Walnut Grove Fire Protection District (1) Wilton Fire Protection District (1)
Dispatch Agencies	2	Sacramento Regional Fire/EMS Communication Center (SRFECC) (1) Private non-9-1-1 (1)
Hospitals in Sacramento County and designated trauma centers	10	Kaiser Permanente Sacramento (1) Kaiser Permanente -South Sacramento (1) Mercy Folsom Hospital (1) Mercy General Hospital (1) Mercy San Juan Medical Center (1) Sutter Roseville (1) Methodist Hospital (1) Sutter Medical Center, Sacramento (1) UC Davis (1) Veterans Hospital (VA) (1)
Paramedic 9-1-1 Provider	1	Sacramento Metropolitan Fire Department (1)
Paramedic non-9-1-1	1	Sacramento Valley Ambulance (SVA) (1)
Total	40	

Attachment #4C



Technical Advisory Committee (TAG)

August 19, 2016

Mission:

The TAG is established to advise Sacramento County Emergency Medical Services Agency (SCEMESA) Medical Director and SCEMSA Quality Improvement Committee (QIC) on system wide Quality Improvement related issues.

Purpose:

The Committee provides input on Sacramento County system wide Performance Improvement Actions Plans (PIP), and QI driven continuing education and training.

Authority:

California Health and Safety Code, 2.5, Emergency Medical Services
California Code of Regulations, Title 22, Division 9

Membership:

SCEMSA's multidisciplinary QIP TAG, consist of the following representatives:

SCEMSA Medical Director.

SCEMSA Administrator.

SCEMSA QIP Coordinator.

Two (2) representative from fire departments providing Advanced Life Support (ALS) services in Sacramento County, consisting of one (1) field EMT/Paramedic and one (1) QI Coordinator, who shall be selected by the Sacramento County Fire Chiefs Association.

Two (2) representatives from approved private ALS ambulance services in Sacramento County, consisting of one (1) field Emergency Medical Technician (EMT)/Paramedic and one (1) QI Coordinator, to be selected by the private providers.

One (1) representative from SCEMSA approved air ambulance companies, selected by the air ambulances providers.

Two (2) representatives from SCEMSA trauma/base hospitals to be selected by involved hospitals.

One (1) representative selected by, and from Sacramento Regional Fire/EMS Communications Center (SRFECC), and one (1) from a private dispatch center selected by the private provider dispatch centers.

One (1) representative from a SCEMSA approved Paramedic Training Program, to be selected by the Paramedic Training Program Directors.

One (1) representative from a SCEMSA approved EMT Training Program, to be selected by the EMT Training Program Directors.

Member Expectations:

Meetings are scheduled in advance and the meeting calendar is posted. Continuity of discussions is essential. Members are expected to attend and if unable to attend, have their alternate attend to represent their agency. Members are expected to disseminate the information discussed at TAG meetings to the represented group, identify and develop SCEMSA specific indicators for system evaluation and seek and maintain relationships with all

Technical Advisory Committee

EMS participants. The EMS QIP TAG will meet four (4) times a year to coincide with quarterly date reporting of indicators.

The TAG is a closed group and confidentiality is covered under the Sections 1040 and 1157.7 of the Evidence Code of the State of California.

Seat	Number of Representatives	Agency
SCEMSA Medical Director	1	SCEMSA (1)
SCEMSA Administrator	1	SCEMSA (1)
SCEMSA QIP Coordinator	1	SCEMSA (1)
Advanced Life Support (ALS) Fire Departments	2	Sacramento City Fire Department (1) Sacramento Metropolitan Fire Department (1)
ALS Private Ambulance	2	American Medical Response (AMR) (1) TLC Ambulance (1)
Air Ambulance Companies	1	CALSTAR (1)
Trauma Base Hospitals	2	UC Davis (1) Mercy San Juan (1)
Dispatch Centers	2	Sacramento Regional Fire/EMS Communications Center (SRFECC) (1) AMR (1)
Paramedic Training Programs	1	Sacramento State University (1)
Emergency Medical Technician (EMT) Training Programs	1	Cosumnes River College (1)
Total	14	

Attachment #4D



Trauma Review Committee (TRC)

August 19, 2016

Mission:

The TRC is established to advise Sacramento County Emergency Medical Services Agency (SCEMSA) Medical Director on the establishment of trauma related policies, procedures, and treatment protocols for improving services to prehospital care.

Purpose:

The Committee provides input and recommendations to SCEMSA Medical Director on trauma related education, training, quality improvement, and data collection issues. The TRC helps establish the standard of quality for trauma care in Sacramento County.

Authority:

California Health and Safety Code, Division 2.5

California Code of Regulations, Title 22, Division 9

Membership:

SCEMSA Medical Director.

SCEMSA Administrator or designee.

The Chief of trauma services (or equivalent position) from each designated trauma center.

The Chief of emergency services (or designee) from each designated trauma center. The trauma nurse coordinators (or equivalent position) from each designated trauma center.

A forensic pathologist from the Sacramento County Coroner's office.

Other individuals who the SCEMSA Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the SCEMSA Medical Director.

Members from non-trauma centers must represent hospitals, which have agreed to provide data on trauma patients, as described by the SCEMSA Trauma Care System Plan.

Member Expectations:

Meetings are scheduled in advance and the meeting calendar is posted. Continuity of discussions is essential. Members are expected to attend and if unable to attend, notify SCEMSA staff in advance. The success of the Committee depends on active participation from its members and guest.

The committee will meet at least four (4) times per year and may occur in conjunction with other local EMS Agencies. The usual date is the third Thursday of the month.

The TRC is a closed meeting and due to the confidential nature of the committee business, minutes shall be distributed at the beginning of the meeting and collected at the close of each meeting by SCEMSA staff. All proceedings, documents and discussions of the Trauma Review Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California.

Categories and representatives are noted below.

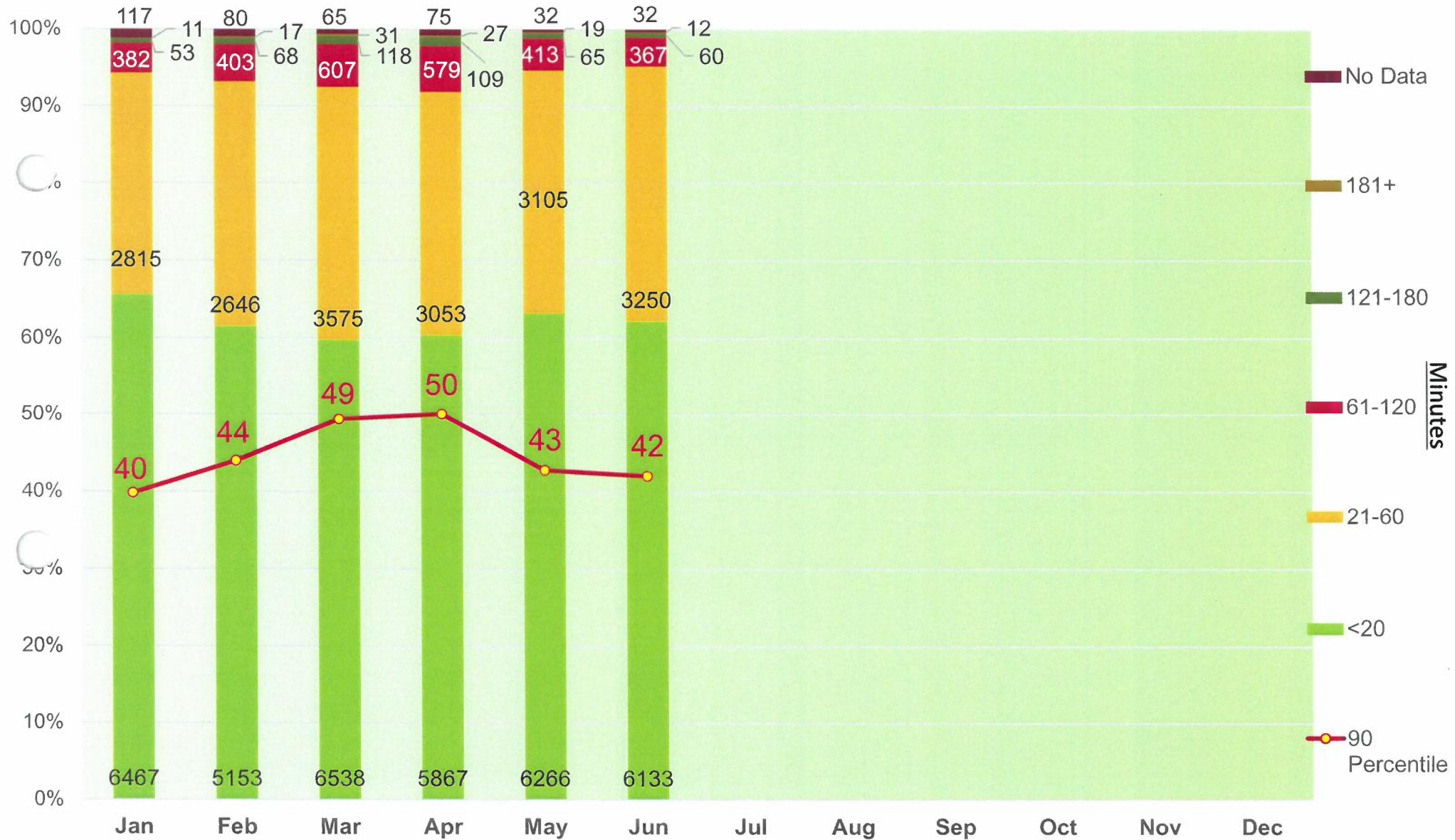
Trauma Review Committee

Representation	Number of Advisory Physicians	Agency
SCEMSA Medical Director	1	SCEMSA (1)
SCEMSA Administrator, or designee	1	SCEMSA (1)
Chief of Trauma Services from each designated trauma center	3	UC Davis (1) Mercy San Juan (1) Kaiser South (1)
Chief of Emergency Services from each designated trauma center	3	UC Davis (1) Mercy San Juan (1) Kaiser South (1)
Trauma nurse coordinators from each designated trauma center	3	UC Davis Mercy San Juan Kaiser South
Forensic Pathologist	1	Sacramento County Coroner's Office
Total	12	

Attachment #5

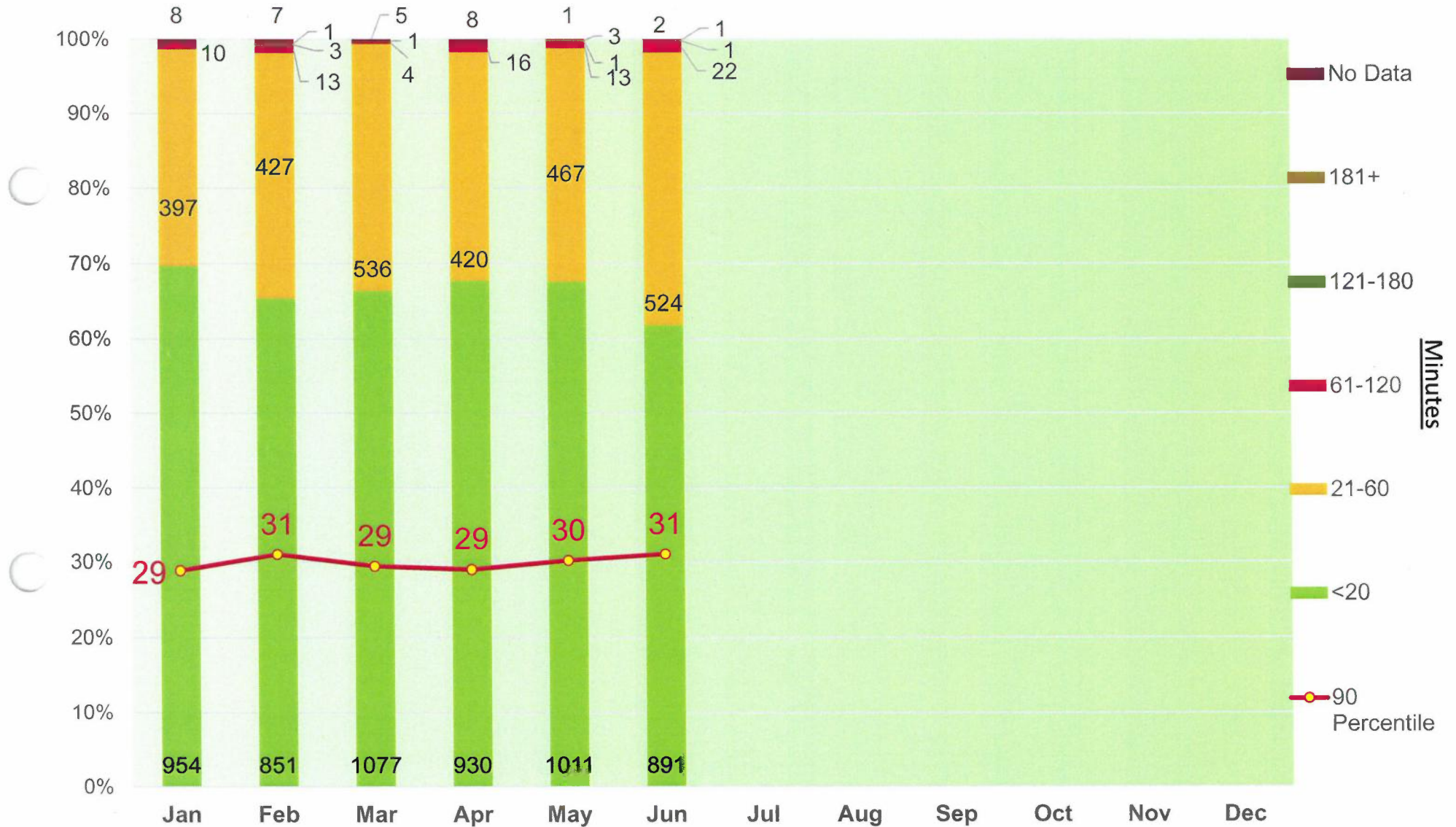
SYSTEM 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



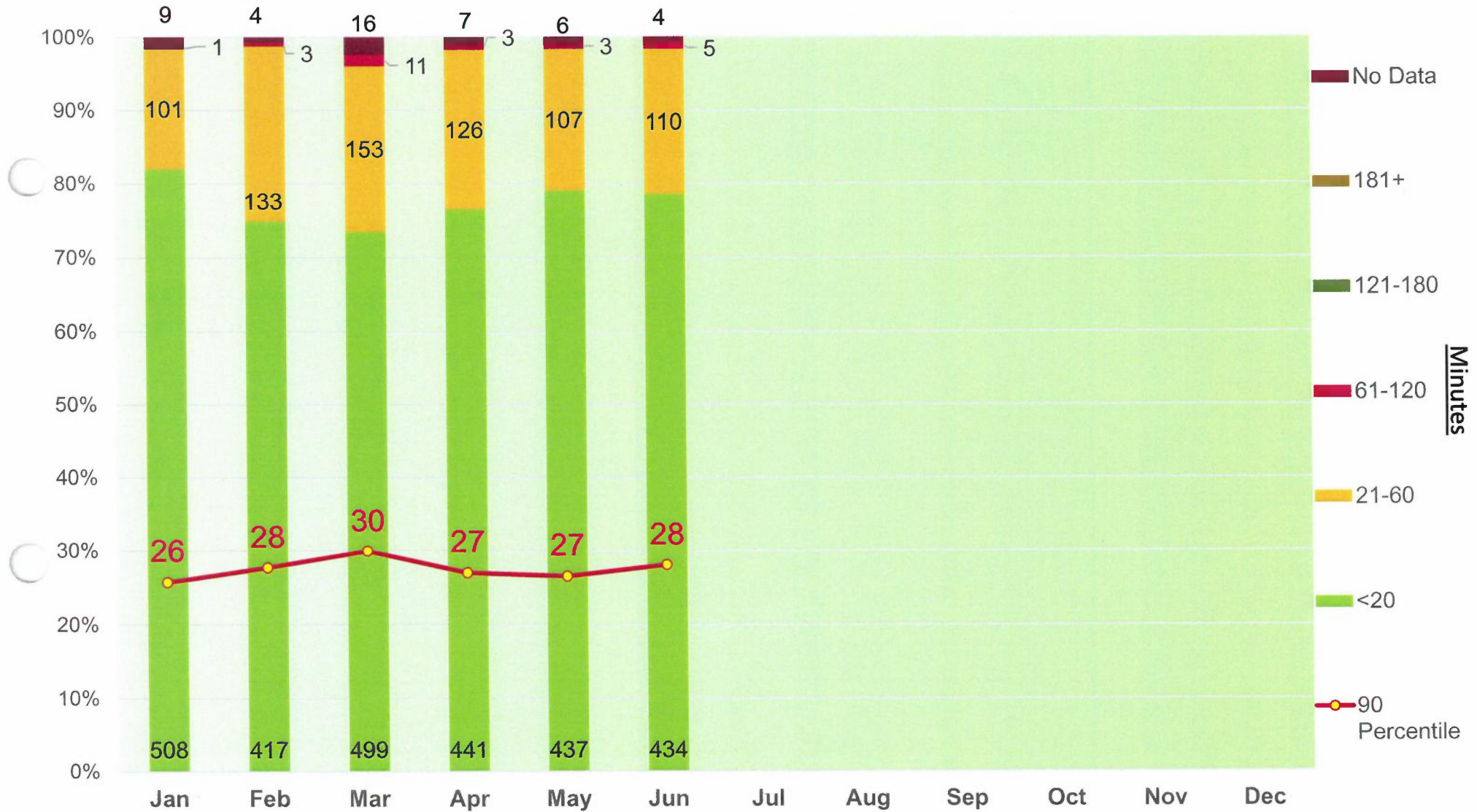
KAISER NORTH APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



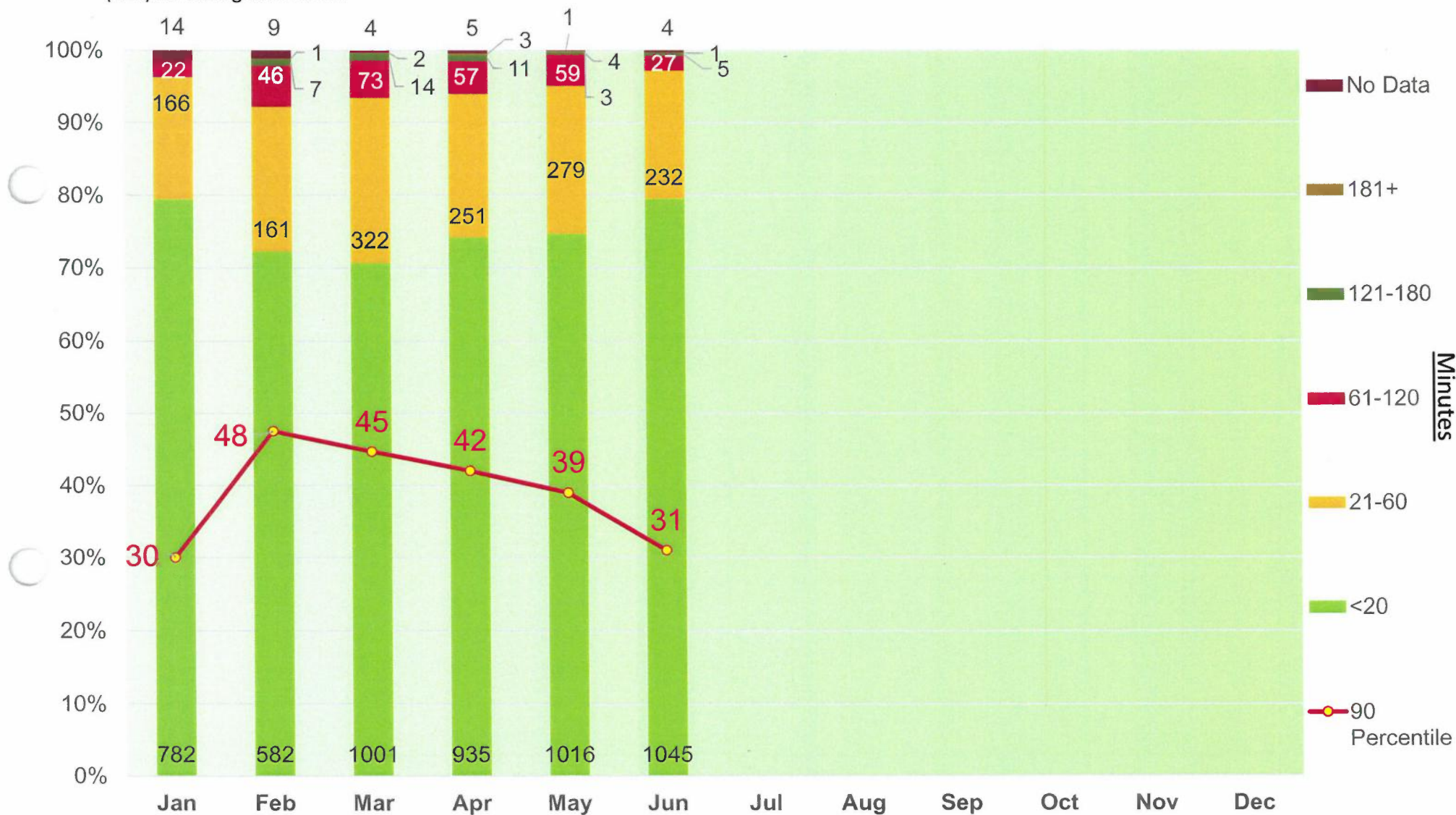
KAISER ROSEVILLE APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



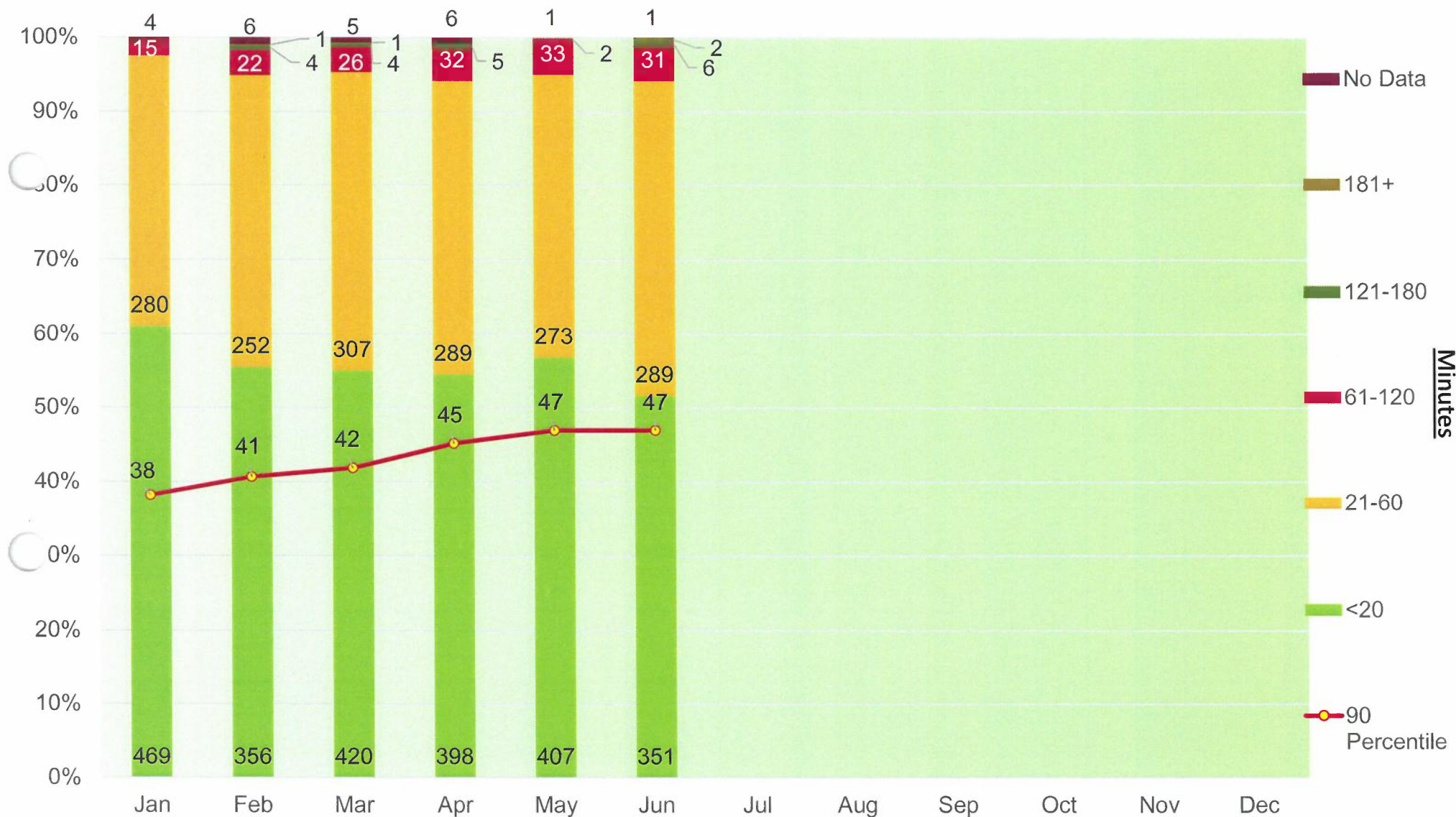
KAISER SOUTH APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



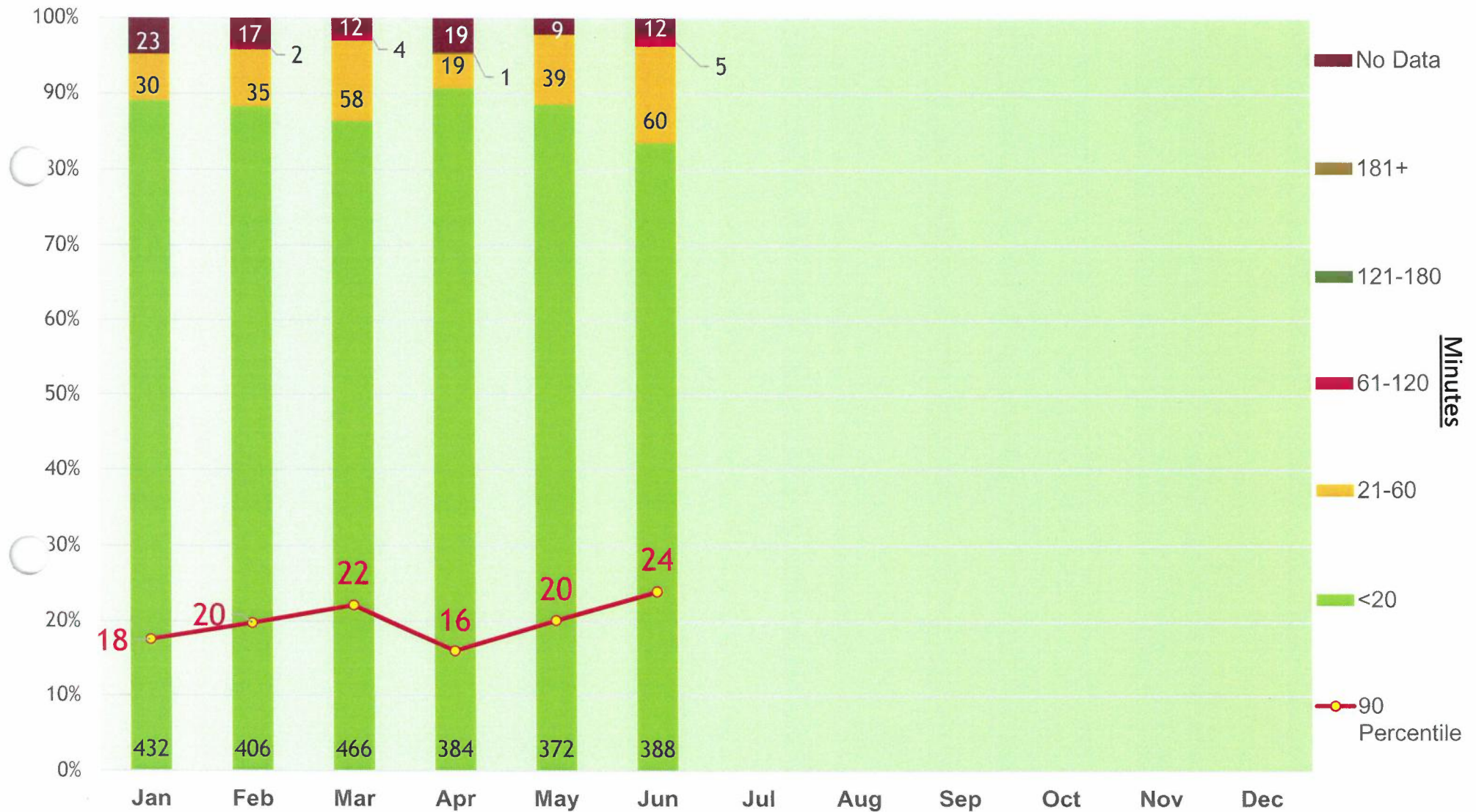
MERCY GENERAL APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



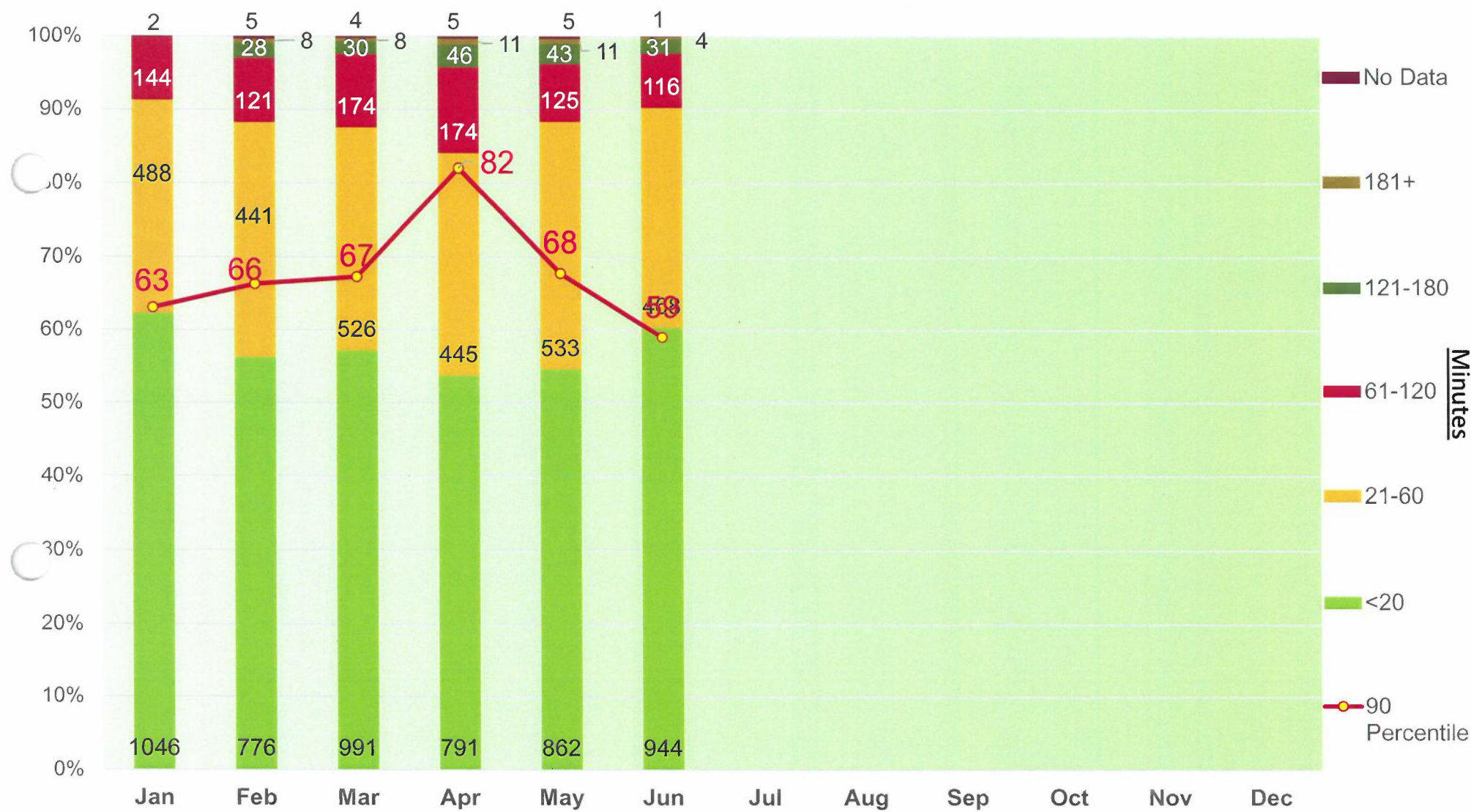
MERCY OF FOLSOM APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



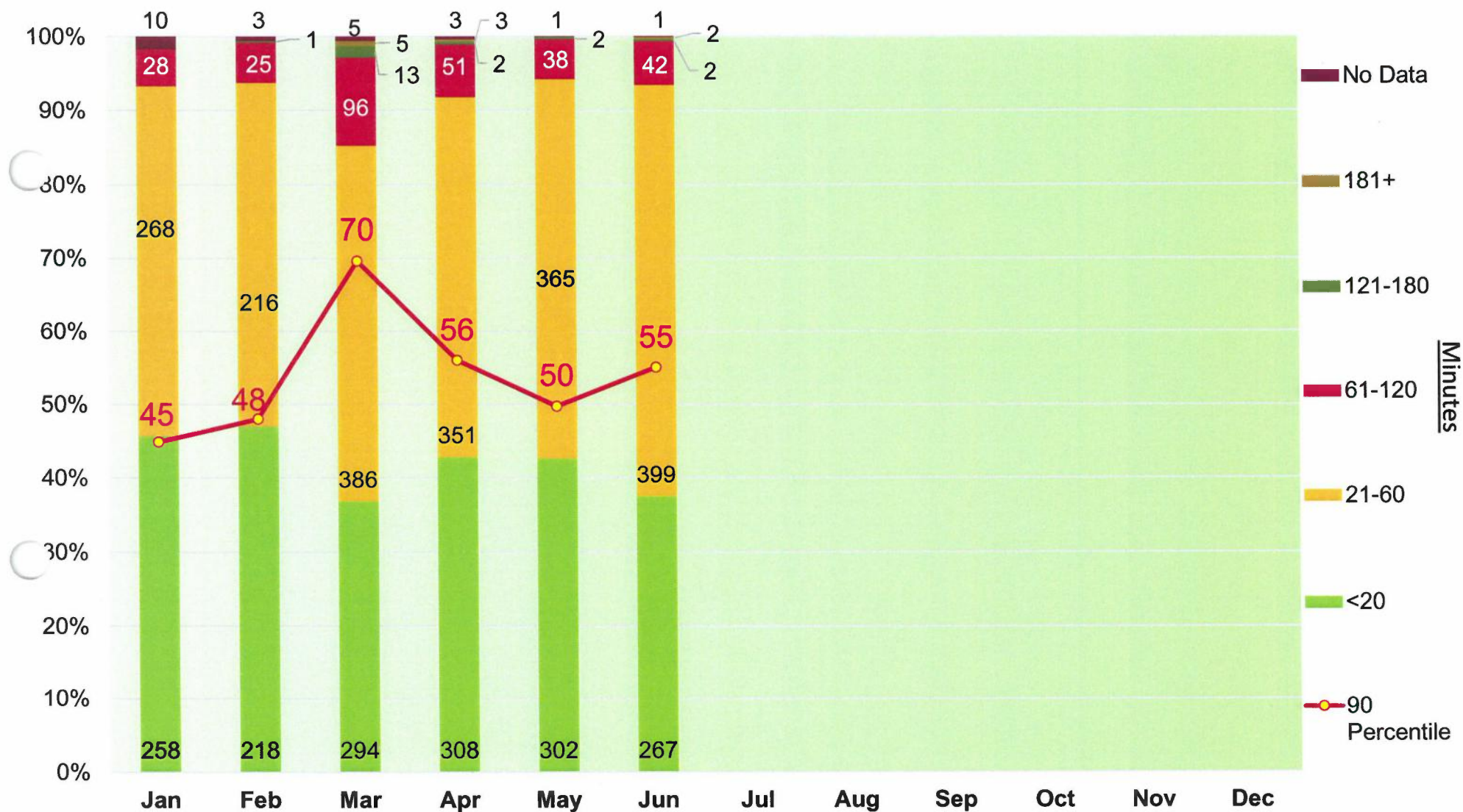
MERCY SAN JUAN APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



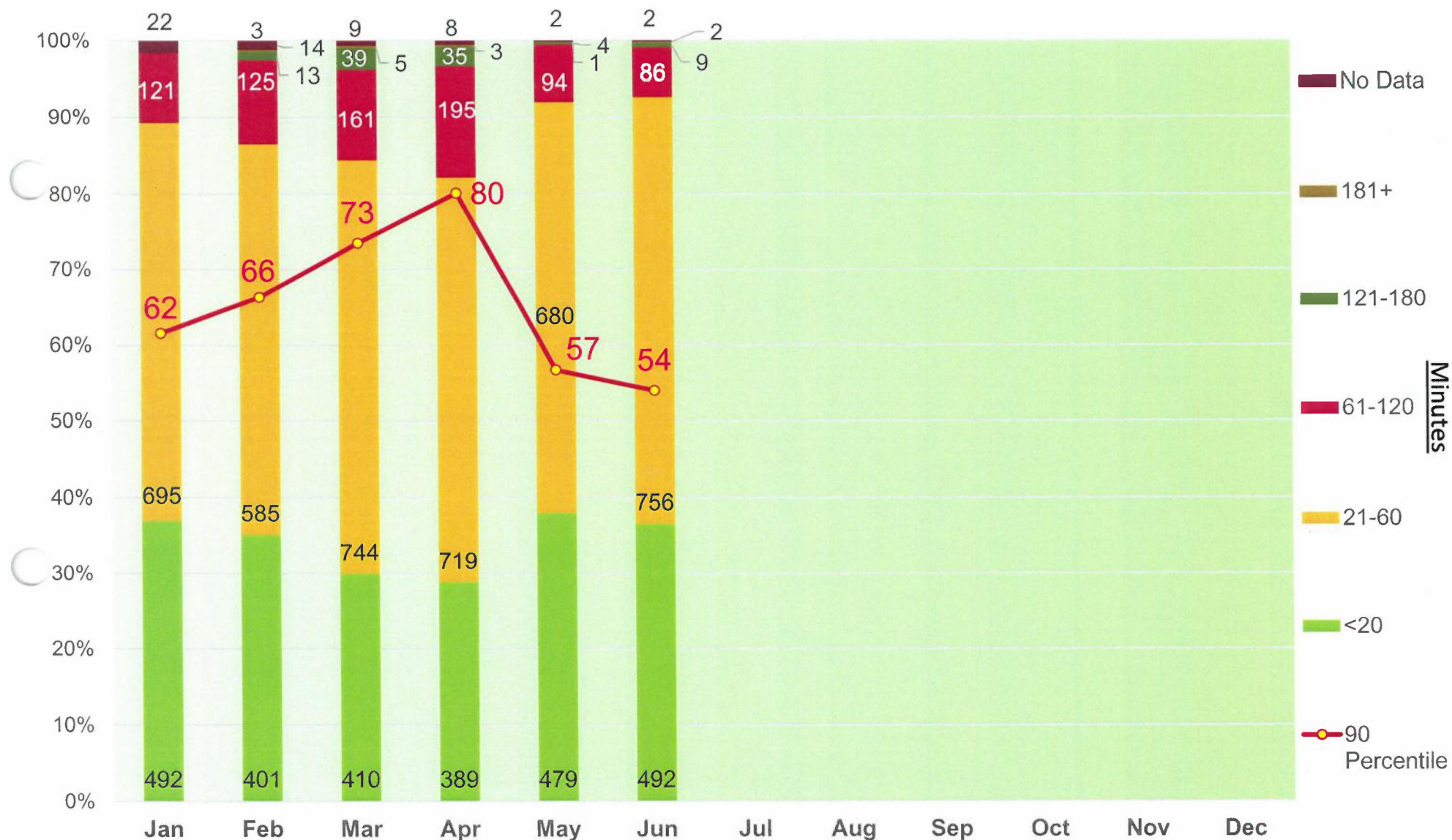
METHODIST APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



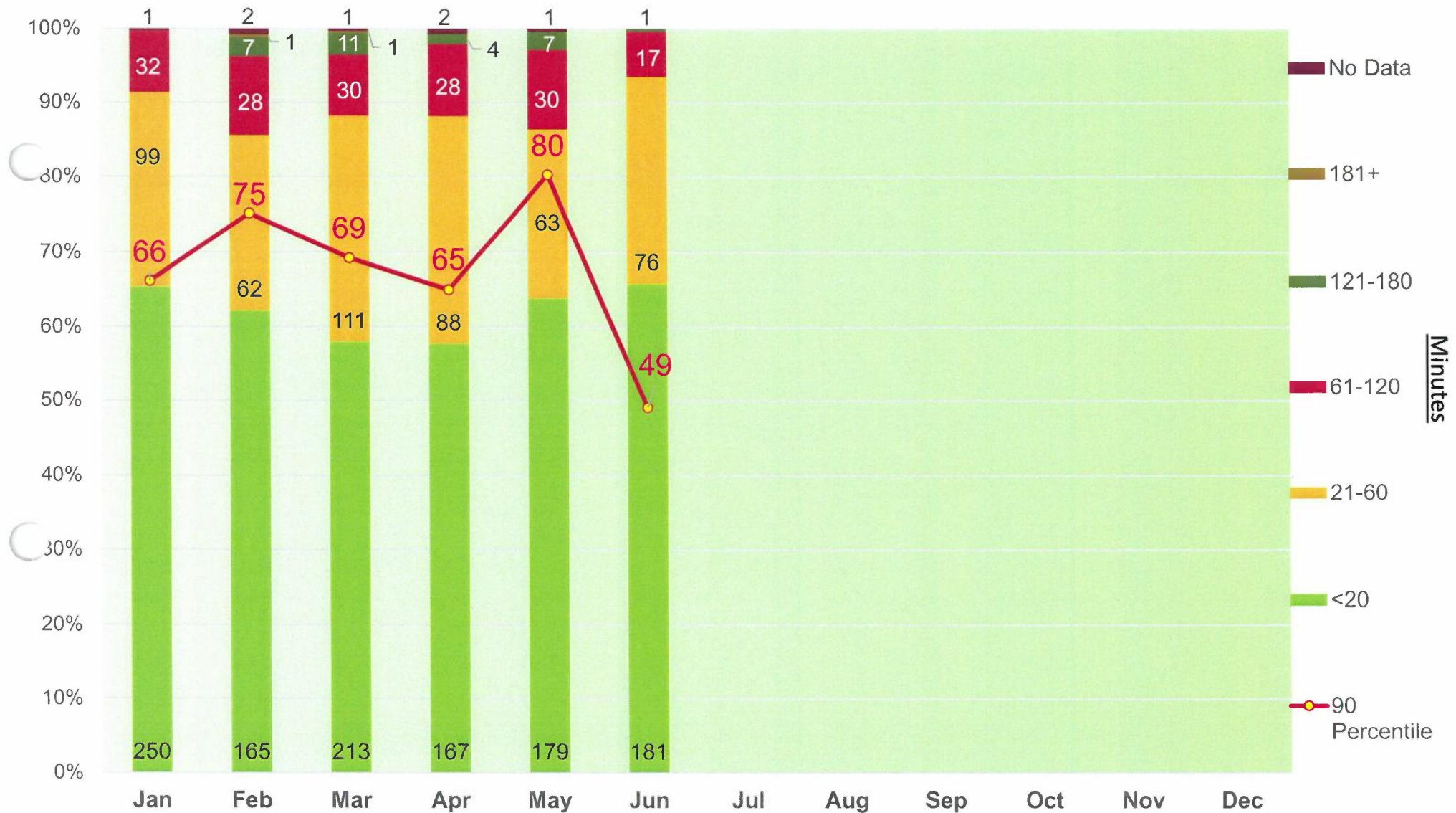
SUTTER GENERAL APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



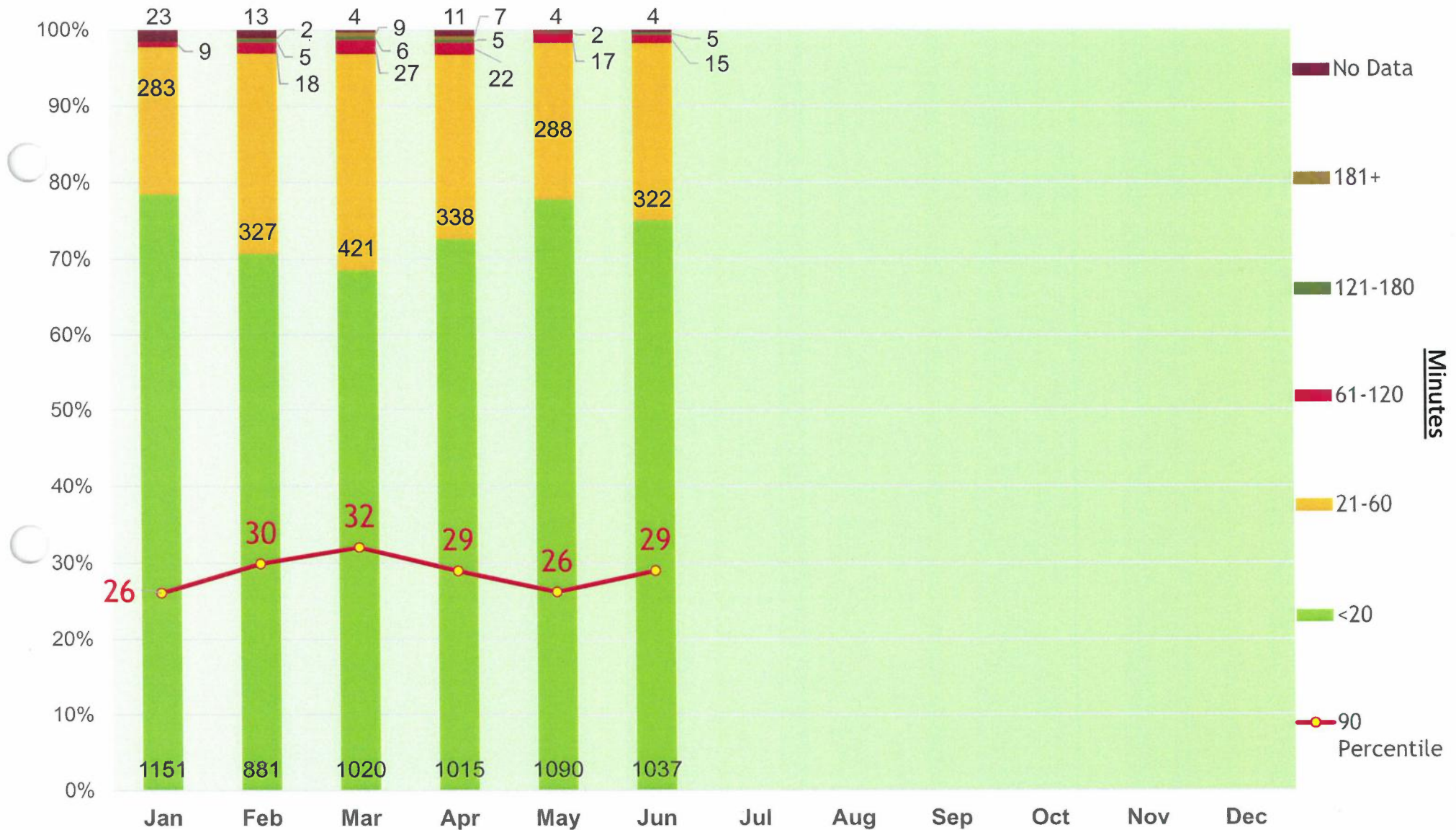
SUTTER ROSEVILLE APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



UC DAVIS APOT 1 & 2 / 2019 JANUARY - DECEMBER

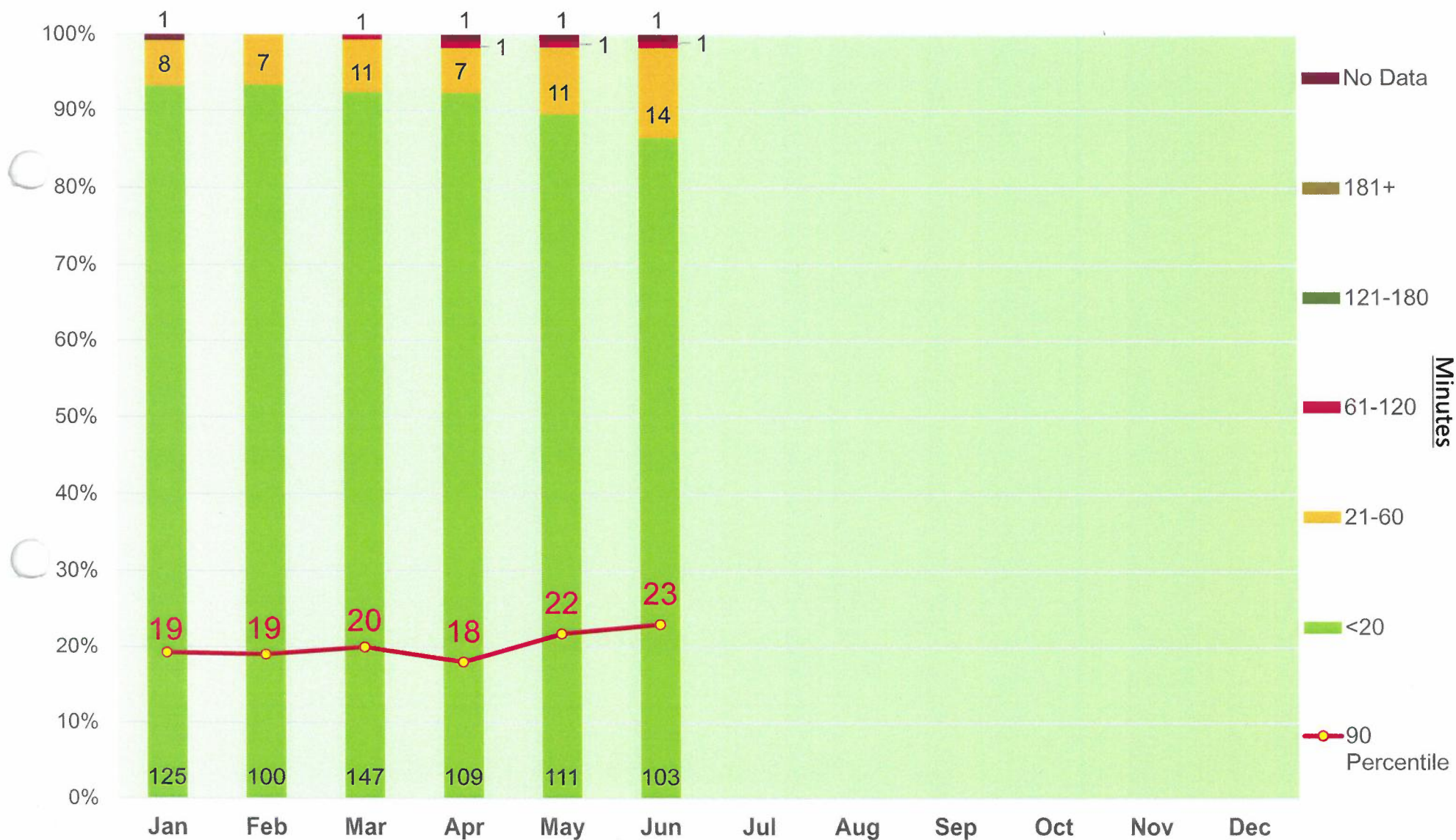
The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



Completed by: Sacramento County Emergency Medical Services Agency (SCEMSA) Updated: 7.2.19

VA APOT 1 & 2 / 2019 JANUARY - DECEMBER

The following represents monthly incident count per APOT minute range for all providers. The line graph represents the minute 90th percentile (Red) for each given month.



Attachment #6

STROKE Quality Documentation Dashboard		Data Element	Apr-19 System Totals	19 May System Totals	19-Jun System Totals	Targets
Total # of Primary Impression of "STROKE" transports		eSituation.11	229	220	222	
Stroke Scale Documentation						
# Documented Stroke Scale /or/ Pertinent negative [sum of row 7+8+9+10]		evitals.29	129	146	132	
% of "STROKE" PIs with a Documented Stroke Scale		% : 5/3	56%	66%	59%	>95%
# of (+) Stroke Scale		evitals.29	42	85	32	
# of (-) Stroke Scale		evitals.29	36	28	53	
# Non-Conclusive Stroke Scale		evitals.29	51	32	42	
Pertinent negative documented Unable to complete				1	5	
# Stroke Scale Score Not Recorded / Not Applicable		evitals.29	100	73	90	0
# Cincinnati Stroke Scale Used (Scale Type) / or Pertinent negative		eVitals.30	206	196	199	
% Cincinnati Stroke Scale Used (Scale Type)		% : 11/3	90%	89%	90%	>95%
Documentation of critical history/interventions						
Documented BGL		eVitals.18	218	209	221	
% BGL		% : 14/3	95.20%	95.00%	99.55%	>95%
Date/ Time Symptom Onset or Last Seen Well Documented		eSituation.01 or eSituation.18	190	211	219	
% Date/ Time Symptom Onset or Last Seen Well Documented		% : 16/3	83%	96%	99%	>95%
Documentation of Pre-Alert Notification for STROKE						
# STROKE pre-alert notification on STROKE PI		eDisposition.24	189	189	201	
% STROKE pre-alert notification - Over 100% indicates alerts on non-positive Stroke Scales		% : 19/7	450%	222%	628%	>95%
# STROKE pre-alert notification Date & Time / %		eDisposition.25	189	189	201	
% STROKE pre-alert notification Date & Time		% : 21/7	450%	222%	628%	
Documentation of Pre-Alert Notification on non-Stroke PIs						
Stroke Alerts Non-Stroke Impressions - total [sum of row 27+28+29]			12	23	30	0
Positive Stroke Scale			1	4	3	0
Inconclusive or negative Stroke Scale			6	14	16	0
Non Applicable / Not Recorded Stroke Scale			5	5	11	0
≥ 95.00%	< 95.00%	N/A	Orange Percentages		Blank cell with numbers	
Equal to or greater than 95% Meets or exceeds Target	Less than 95% Target not Met	Not Applicable	> 100% Indicating alerts on non-positive Stroke Scale		Indicate incident count for field measured	

Year / Month

Apr-19 19-May 19-Jun

STEMI Quality Documentation Dashboard		Data Element	System Totals	System Totals	System Totals	Target
Total # of STEMI Primary Impressions transports		eSituation.11	46	55	64	
ECG Documentation						
ECG (=) STEMI		eVitals.03	18	23	31	
ECG (=) STEMI %		% : 5/3	39%	42%	48%	≥ 95%
12 Lead Obtained		eProcedure.03	42	49	61	
% 12 Lead Preformed		% : 7/3	91.30%	89.09%	95.31%	≥ 95%
12 Lead Date & Time		eProcedure.01	41	45	54	
% documented 12 Lead Date & Time		% : 9/3	89.13%	81.82%	84.38%	≥ 95%
Documentation of Pre-alert Notification						
# STEMI pre-alert notification		eDisposition.24	40	54	60	
% STEMI pre-alert notification		% : 9/3	86.96%	98.18%	93.75%	≥ 95%
# STEMI pre-alert notification Date & Time		eDisposition.25	40	54	61	
% STEMI pre-alert notification Date & Time		% : 12/5	86.96%	98.18%	95.31%	≥ 95%
Documentation of Pre-alert notification						
ASA Administration or documented Pertinent (-)		eMedications.03	40	45	50	
% ASA Administration		% : 17/3	86.96%	81.82%	78.13%	≥ 95%
Documentation of faxing or cloud uploading of +STEMI ECGs to receiving facilities						
Phonocardiogram with electrocardiogram lead, interpretation and report (procedure) (=) 81295004		eProcedures.03	32	36	48	
% of (+) STEMI ECGs transmitted to receiving facility		% : 20/5	70%	65%	75%	≥ 95%
Documented Pre-Arrival STEMI Alerts on non- STEMI Impressions						
STEMI Alerts Non-STEMI Impressions			17	16	14	0
≥ 95.00%		< 95.00%	N/A		Blank cell with numbers	
Equal to or greater than 95% Meets or exceeds Target		Less than 95% Target not Met	Not Applicable		Indicate incident count for field measured	

Month Year	19 Apr	19 May	19-Jun	
Trauma Quality Documentation Dashboard	System Total	System Total	System Total	Target
Total count of trauma PI transports	1474	1540	1619	
<u>Documentation of Critical Trauma Criteria</u>				
# with + Physiologic or Anatomic criteria	68	69	67	
# with + mechanistic or special criteria [(-) eInjury.03]	166	166	209	
# with documented (-) trauma triage criteria (Not Applicable)	160	490	575	
# with correctly documented trauma triage (eInjury.03 or 04) B5+b6+b7	394	725	851	
% of correctly documented eInjury.03 or 04	27%	47%	53%	≥ 95%
<u>Percentage of all trauma meeting critical trauma criteria (informational only - no established target metric)</u>				
# of documented Trauma Assessment meeting Trauma Triage Criteria	234	235	276	
% all documented Trauma PI meeting Trauma Triage Criteria	16%	15%	17%	
<u>Documentation of Pre-Alert Notification for Critical Trauma</u>				
# of pre-alert notification on + critical trauma (Regardless of PI)	186	210	214	Should "=" B5+B6
% of pre-alert notification on + critical trauma	79%	89%	78%	≥ 95%
# of pre-alert notification on + critical trauma with Primary Impression of Trauma	184	192	209	
# of + trauma triage which documented pre-alert notification Date and Time	186	205	211	"0"
% of + trauma triage which documented pre-alert notification Date & Time (both eDisposition.24&.25)	100%	98%	99%	"=" to eDisposition.24
<u>Appropriate Trauma Center Destination for +Critical Trauma</u>				≥ 95%
# of + trauma triage criteria who went to non-trauma centers	3	5	6	
				"0"
# of pre-alert notification on (-) "NO POSITIVE eInjury.03 OR eInjury.04" critical trauma	60	112	115	
(+) TTC with no Alert	40	37	55	
% (+) TTC with no Alert	3%	2%	3%	
≥ 95.00%	< 95.00%	N/A	Orange Percentages	Blank cell with numbers
Equal to or greater than 95% Meets or exceeds Target	Less than 95% Target not Met	Not Applicable	> 100% Indicating alerts on non-positive Stroke Scale	Indicate incident count for field measured

Cardiac Arrest Dashboard

Year / Month	19 Feb	19 Mar	19 Apr	19 May	19-Jun	
Cardiac Arrest	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	<u>Targets</u>
Total # of field CPA, by Primary Impression of CPA	119	142	131	133	141	
Average response time for ALL CPAs (unit dispatched to EMS at patient side)	6.92	44.36	6.56	6.59	7.14	
TOTAL # resuscitated (eArrest.03)	85	101	99	93	132	
EMS resuscitation efforts NOT documented in eArrest.03- Not Recorded	7	15	9	2	8	0
% of CPAs resuscitated by EMS	71.43%	71%	75.57%	69.92%	93.62%	
TOTAL # of resuscitated patients who were transported (by eDisposition.02)	62	79	69	64	77	
Ave Scene time for Transported patients (at patient side to unit left scene)	13.92	71.98	12.78	15.57	11.96	
Ave Transport time for Transported patients (left scene to arrive at destination)	9.09	53.34	8.51	9.33	9.17	0
Pre-Arrival CPR (eArrest.05)						
Pre-arrival CPR on resuscitated patients - YES (eArrest.05)	55	65	78	68	63	
Pre-arrival CPR on resuscitated patients - NO (eArrest.05)	59	72	50	64	77	
Pre-arrival CPR on resuscitated patients - Not recorded (eArrest.05)	5	4	3	1	2	0
Presenting Rhythm on resuscitated patients (eArrest.11)						
Presenting Rhythm on resuscitated patients - Asystole (eArrest.11)	75	89	84	79	81	
Presenting Rhythm on resuscitated patients - PEA (eArrest.11)	19	18	15	20	18	
Presenting Rhythm on resuscitated patients - VF (eArrest.11)	11	10	12	11	18	
Presenting Rhythm on resuscitated patients - Pulseless VT (eArrest.11)	1	1	1	0	2	
Presenting Rhythm on resuscitated patients – unknown AED non-shockable (eArrest.11)		1			0	
Presenting Rhythm on resuscitated patients - unknown AED shockable (eArrest.11)	0	2	0	1	0	
Presenting Rhythm on resuscitated patients - Not Recorded (eArrest.11)	8	21	19	22	22	0
ROSC on Resuscitated Patients (eArrest.12)						
Any ROSC on Resuscitated Patients - Yes, at ED arrival (eArrest.12)	7	3	5	6	9	
Any ROSC on Resuscitated Patients - Yes, prior to ED arrival (eArrest.12)	6	14	18	19	20	
Any ROSC on Resuscitated Patients - Yes, sustained for 20 min (eArrest.12)	4	1	2	4	4	
Any ROSC on Resuscitated Patients - No (eArrest.12)	97	99	101	101	105	

Cardiac Arrest Dashboard

Year / Month	19 Feb	19 Mar	19 Apr	19 May	19-Jun	Target
Any ROSC on Resuscitated Patients - Not Recorded (eArrest.12)	5	5	5	3	3	0
Cardiac Arrest patient Outcome at End of EMS Event (eArrest.18)						
Cardiac Arrest patient Outcome at End of EMS Event - Expired in ED	14	20	14	10	19	
Cardiac Arrest patient Outcome at End of EMS Event - Expired in the Field	43	45	55	57	48	
Cardiac Arrest patient Outcome at End of EMS Event - Ongoing Resuscitation in ED	35	41	37	37	41	
Cardiac Arrest patient Outcome at End of EMS Event - ROSC in the Field	8	9	10	11	9	
Cardiac Arrest patient Outcome at End of EMS Event - ROSC in the ED	2	4	6	6	6	
Cardiac Arrest patient Outcome at End of EMS Event - Ongoing Resuscitation by other EMS	0	2	0	0	0	
Effort Ceased due to DNR (Not in NEMSIS)	2	0	0	2	3	
Cardiac Arrest patient Outcome at End of EMS Event - Not Recorded	7	17	9	10	15	0
Pre Alert Notification (eDisposition.24)			0		0	
# of transported CPAs where pre-alert notification was done (eDisposition.24)	43	43	54	52	57	
% of transported CPAs where pre-alert notification was done (eDisposition.24)	69.35%	54.43%	78.26%	81.25%	74.03%	>95%
Airway management documentation (eAirway.03 or eArrest.09)						
Airway Device Being Confirmed - Cricothyrotomy Tube (eAirway.03)	0	0	0	0	0	
Airway Device Being Confirmed - Endotracheal Tube (eAirway.03)	40	51	45	44	42	
Airway Device Being Confirmed - Other-Invasive Airway (eAirway.03)	0	0	0	0	1	
Airway Device Being Confirmed - SAD-Combitube (eAirway.03)	0	0	0	0	0	
Airway Device Being Confirmed - SAD-King (eAirway.03)	17	26	20	17	16	
Airway Device Being Confirmed - SAD-LMA (eAirway.03)	0	0	0	1	0	
Airway Device Being Confirmed - SAD-Other (eAirway.03)	0	0	0	0	5	
Airway Device Being Confirmed - Tracheostomy Tube (eAirway.03)	0	0	0	0	0	
BLS airway documentation (eArrest.09) if no ALS airway documented (eAirway.03)	28		22	28	33	
Total (BLS+ALS) airway documentation (sum of Rows 42-50)	85	77	87	90	97	
% of resuscitated CPA with documented airway management (row 51/5)	100.00%	76.24%	87.88%	96.77%	73.48%	=100%

Sepsis Dashboard

Year / Month		19-Feb	19 Mar	19 Apr	19 May	19 Jun	
SEPSIS Quality Documentation Dashboard	Data Element	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	<u>Targets</u>
Total # of Sepsis transports Primary impression	eSituation.11	126	201	203	209	180	
Vital Signs Documentation							
Temperature Obtained	eVitals.24	98	137	152	161	127	
Temperature Obtained %	%	78%	68%	75%	77%	70.56%	≥95%
Blood Pressure	eVitals.06 (+) eVitals.07	125	200	203	209	180	
Blood Pressure %	%	99%	100%	100%	100%	100.00%	≥95%
Respiratory Rate	eVitals.14	124	201	199	209	177	
Respiratory Rate %	%	98%	100%	98%	100%	98.33%	≥95%
Heart Rate	eVitals.10	126	202	203	209	178	
Heart Rate %	%	100%	100%	100%	100%	98.89%	≥95%
Pre-Alert documentation							
# Meeting two of the 4 SIRS criteria for Alerts	Alert Criteria		152	168	160	126	
Sepsis pre-alert notification	eDisposition.24	85	113	59	133	105	
Sepsis pre-alert notification %	%	67%	56%	35%	64%	83%	≥95%
Sepsis pre-alert notification Date & Time	eDisposition.25	85	114	106	133	105	
Sepsis Treatment Documentation							
Medications Normal Saline Code # 313002	eMedications.03	46	84	75	87	83	
Medications Normal Saline Code # 313002%	%	37%	42%	37%	42%	46%	≥95%
<p>*Must meet two (2) of these for alert</p> <ul style="list-style-type: none"> •Temp greater than 100.4 F (38C) or less than 96.8F (36C) •Respiratory Rate Greater than 20 •Heart Rate greater than 90 •Systolic BP less than 90 							

≥ 95.00%	< 95.00%	N/A	Blank cell with numbers
Equal to or greater than 95% Meets or exceeds Target	Less than 95% Target not Met	Not Applicable	Indicate incident count for field measured

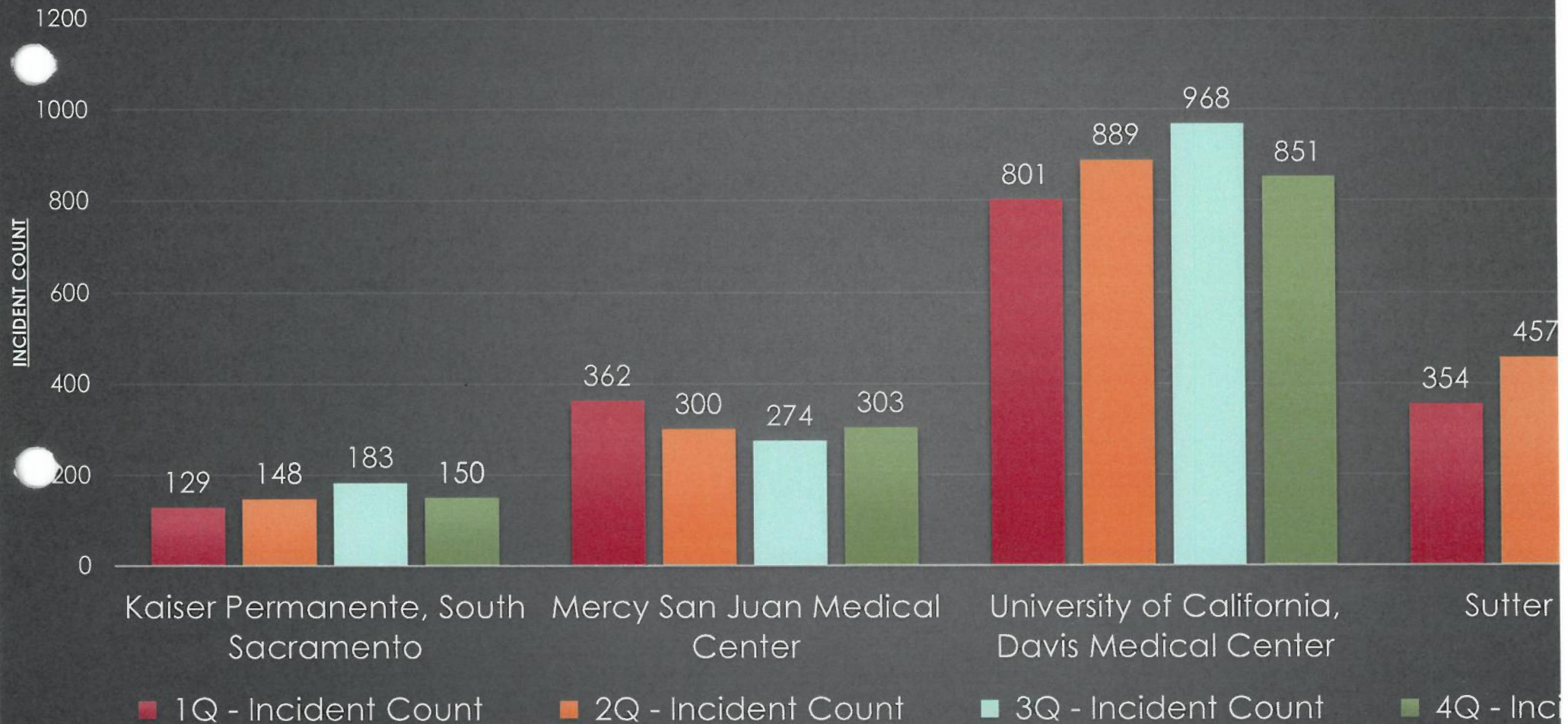
Attachment #7

Trauma Review Committee

COMPLETED BY: SACRAMENTO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
2018-JANUARY TO DECEMBER
PRESENTED MAY 16, 2019

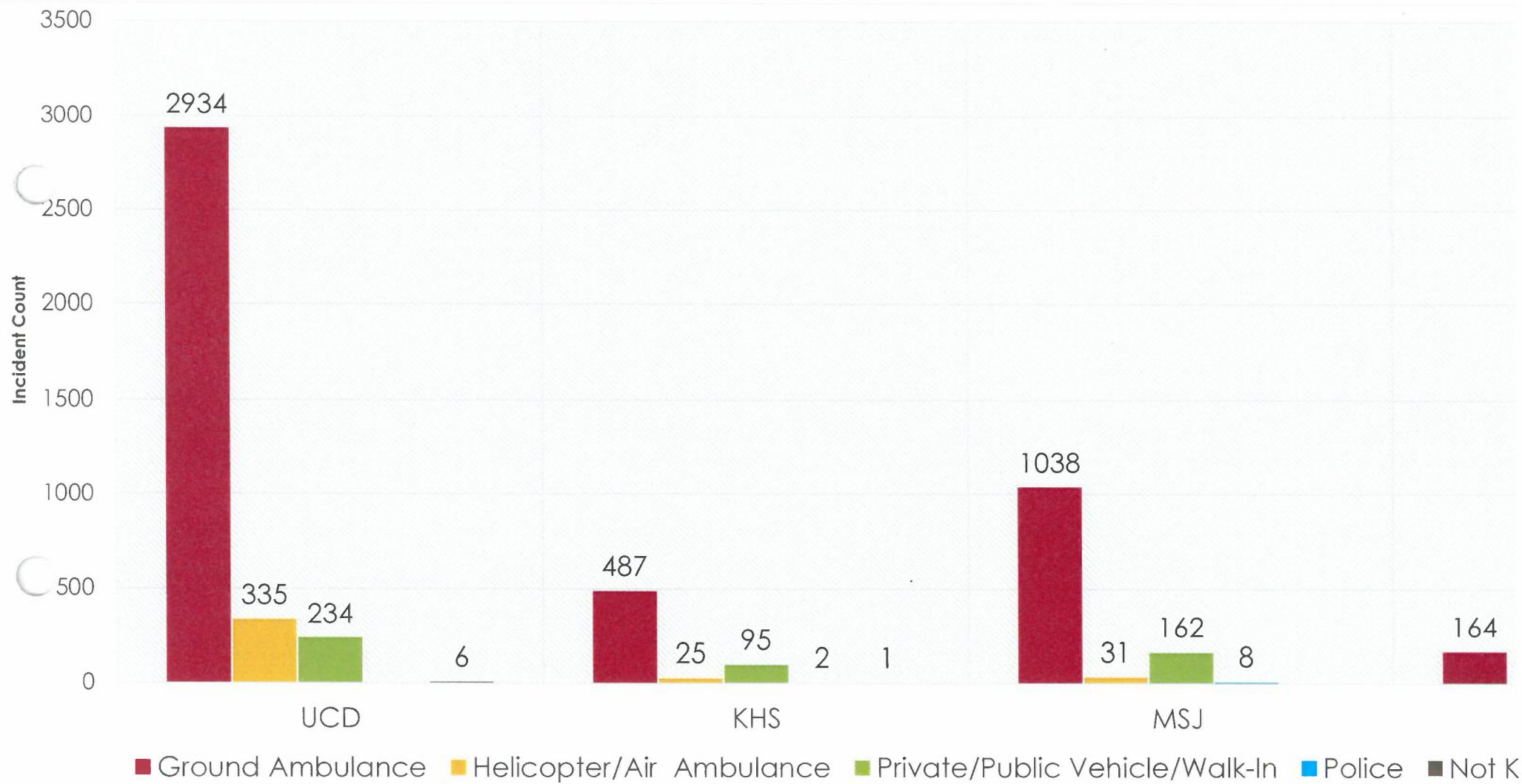


Count of Incidents per Quarter per Hospital

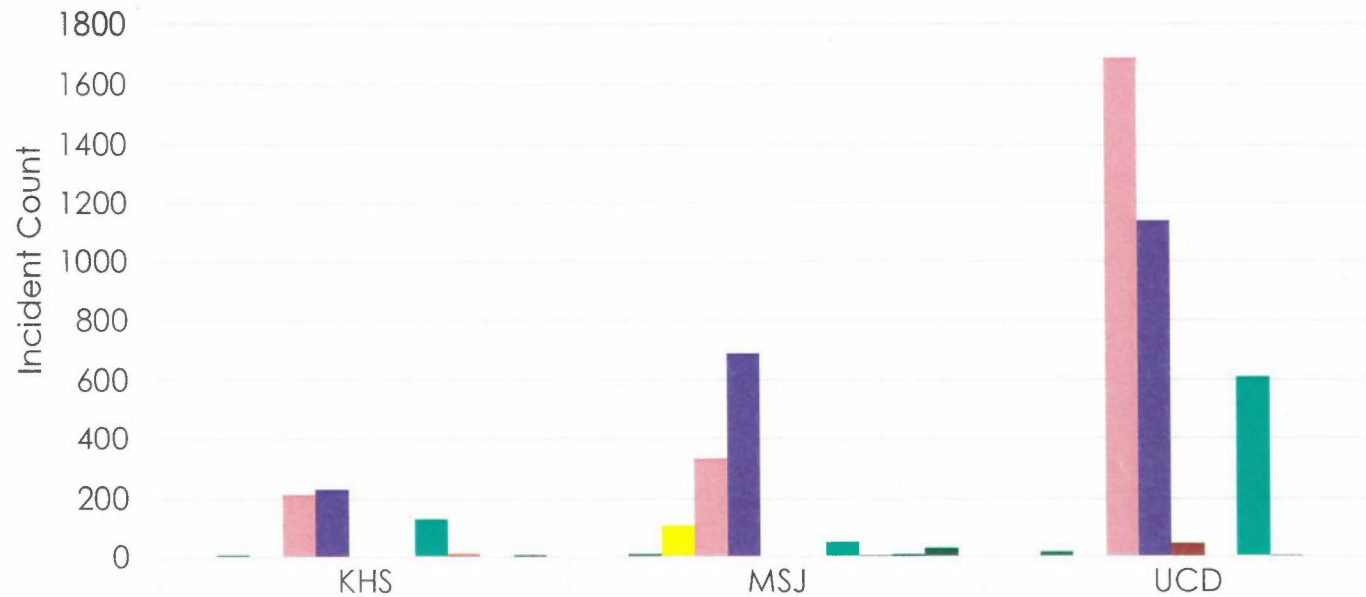


**Sutter Roseville 1&2-Q indicated all patients 38

Transport Mode - 2018 per Hospital

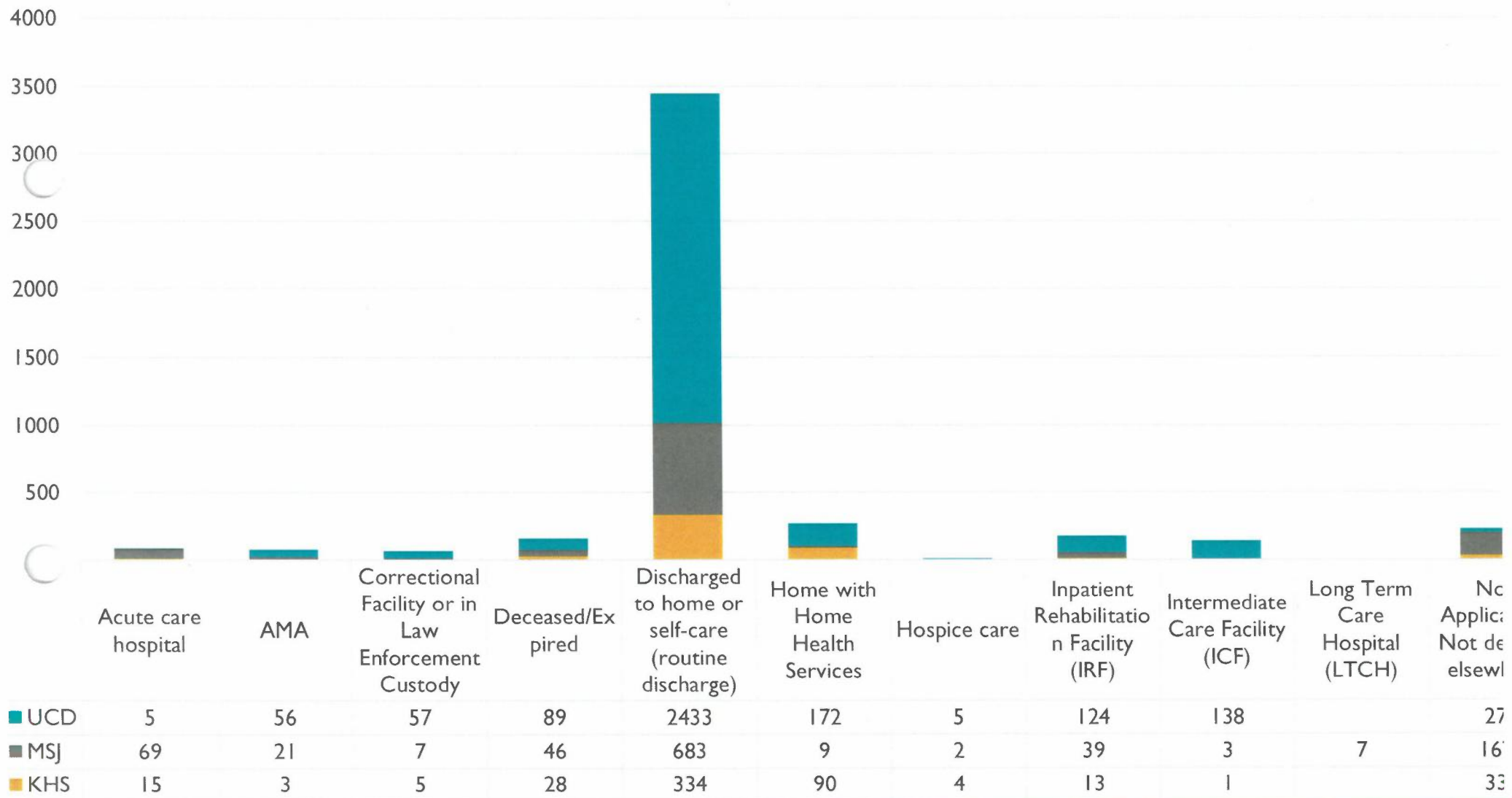


2018 Emergency Room Disposition

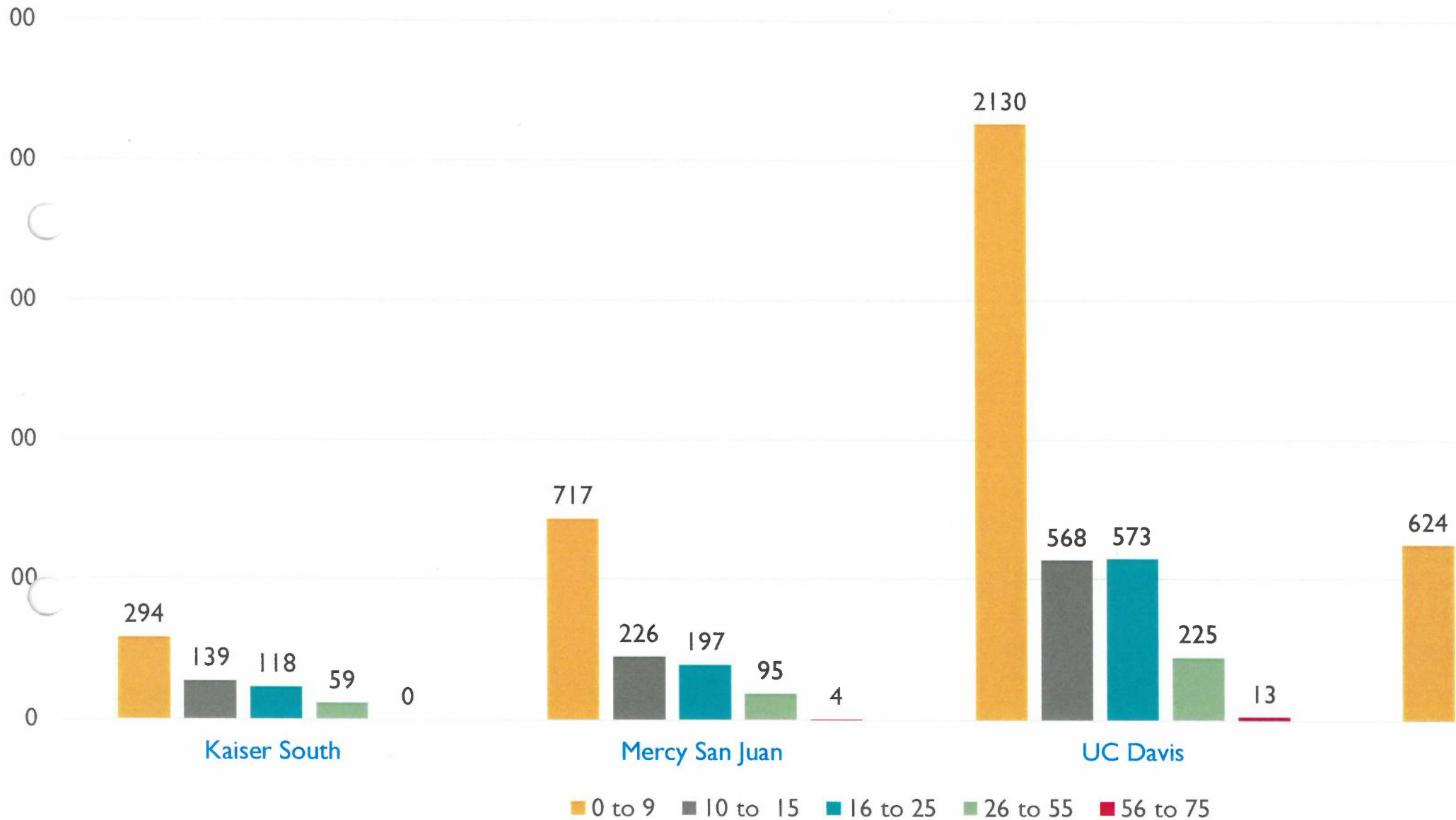


AMA	2	10	17
Deceased/Expired	8	109	2
Discharge Home/Home health	2	1	0
Floor bed (general admission, non specialty unit bed)	214	331	1688
Intensive Care Unit	231	690	1139
Not Applicable	15	7	8
Observation unit (unit that provides < 24 hour stays)	2	1	0
Operating Room	132	51	611
Other (jail, psych institution, etc)	15	7	8
Telemetry/step-down unit (less acuity than ICU)	2	1	0
Transferred to another Hospital	8	30	2

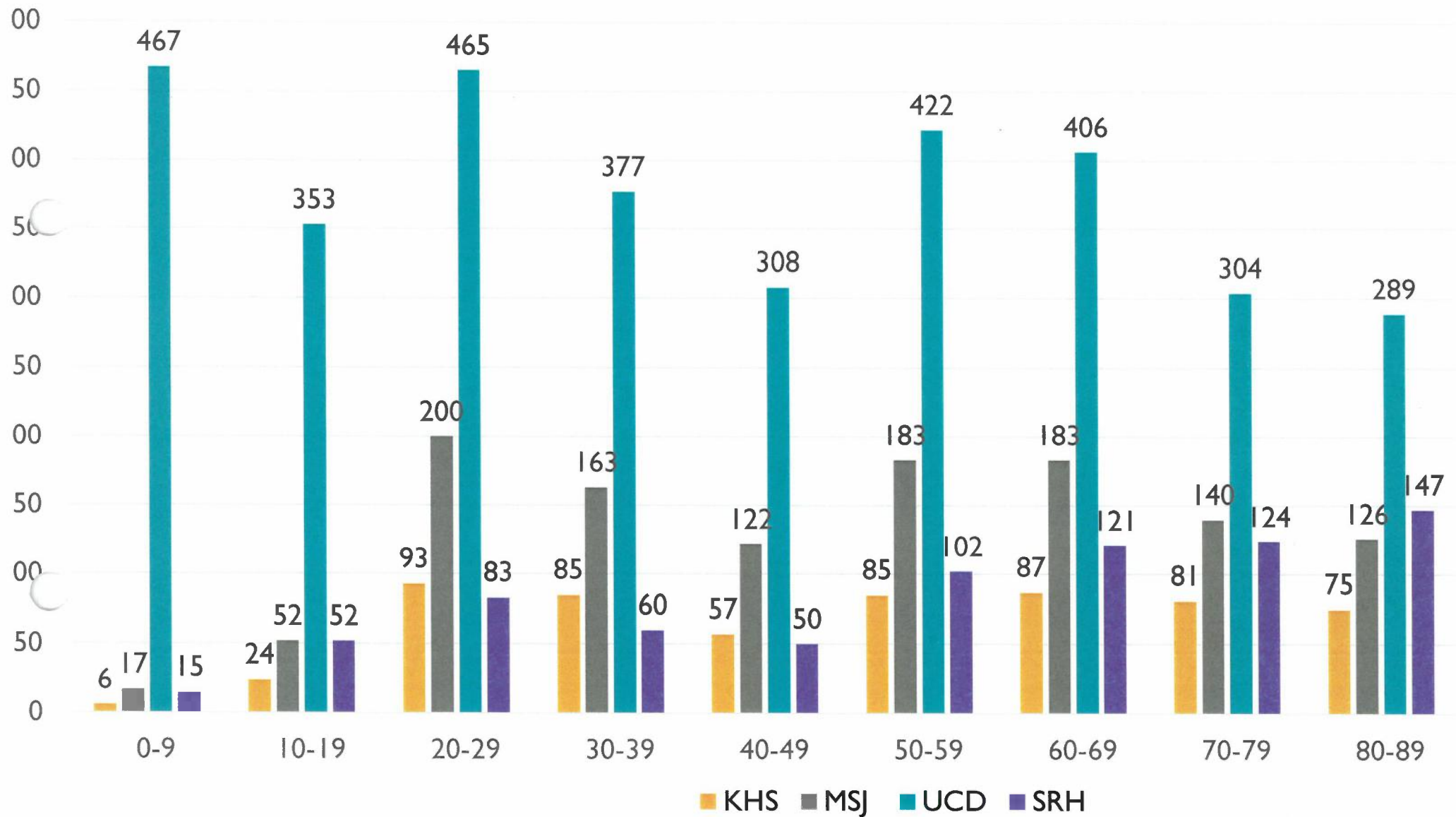
2018 - Discharge Disposition



Calculated Injury Severity Score Range per Hospit



Patient Age Range per hospital



SECTION VI

Annex

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Sacramento CountyReporting Year: 2018

1. Percentage of population served by each level of care by county: (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Sacramento

- | | |
|---|-------------|
| a. Basic Life Support (BLS) | <u>0%</u> |
| b. Limited Advanced Life Support (LALS) | <u>0%</u> |
| c. Advanced Life Support (ALS) | <u>100%</u> |

2. Type of agency: b

- a - Public Health Department
- b - County Health Services Agency
- c - Other (non-health) County Department
- d - Joint Powers Agency
- e - Private Non-profit Entity
- f - Other:

3. The person responsible for day-to-day activities of EMS agency reports to: d

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other: Sandy Damiano, PhD; Deputy Director – Primary Health, Department of Health Services

4. Indicate the non-required functions which are performed by the agency:

- ☐ Implementation of exclusive operating areas (ambulance franchising)
- ☒ Designation of trauma centers/trauma care system planning
- ☐ Designation/approval of pediatric facilities
- ☐ Designation of other critical care centers
- ☐ Development of transfer agreements

Table 2 - System Organization & Management (cont.)

- ☐ Enforcement of local ambulance ordinance
- ☒ Enforcement of ambulance service contracts
- ☐ Operation of ambulance service
- ☒ Continuing education
- ☐ Personnel training
- ☐ Operation of oversight of EMS dispatch center
- ☒ Non-medical disaster planning
- ☐ Administration of critical incident stress debriefing (CISD) team
- ☐ Administration of disaster medical assistance team (DMAT)
- ☒ Administration of EMS Fund [Senate Bill (SB) 12/612]
- ☐ Other:

5. EMS agency budget for Fiscal 2018-2019

Expenses	
Salaries and benefits (all but contract personnel)	\$840,592
Contract services (trauma fund dist., Med. Director, Misc.)	\$1,075,000
Operations (e.g. copying, postage, facilities, Not Including Allocated Costs)	\$57,831
Travel	\$14,000
Fixed assets	included in operations
Indirect expenses (overhead/allocated costs)	\$245,394
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	\$1,263,240
Support Services and pass thru to State	\$38,000
Dispatch center operations (non-staff)	0
Training program operations	0
Cost covered by Department	0
Other: Expected midyear adjustments –cost recovery	0
TOTAL EXPENSES	\$3,534,057

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE	
Special project grant(s) from EMSA	0
Preventive Health and Health Services (PHHS) Block Grant	0
Office of Traffic Safety (OTS)	0
State general fund/County general fund	\$162,319
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees (EMT, Paramedic, MICN)	\$57,278
Training program approval fees (EMS Training & CE Provider Fees)	\$32,224
Training program tuition/Average daily attendance funds (ADA)	0
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees/Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	\$219,609
Pediatric facility approval fees/Pediatric facility designation fees	0
Other critical care center application/designation fees	0
Ambulance service/vehicle fees (ALS Provider Fees)	\$187,790
EMS Fund (SB 12/612)	\$2,640,000
Other grants	0
Other fees: Pre-hospital fees (Medical Control)	\$147,662
Other (specify): Cigarette tax revenue (AB75, AB430, EMSA)	\$38,000
Other fees: Trauma Fund and Miscellaneous	\$49,175
TOTAL REVENUE	\$3,534,057

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DO NOT, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

6. Fee structure for 2018 and 2019

☐ We do not charge any fees☒ Our fee structure is:

Certification	2018-2019
First responder certification	
EMS dispatcher certification	
EMT-I certification	49.10
EMT-I recertification	49.10
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	93.09
Mobile Intensive Care Nurse	
Authorized Registered Nurse (MICN/ARN)	36.67
MICN/ARN recertification	36.67
EMT-I training program approval	1,403.98
EMT-II training program approval	
EMT-P training program approval	7,642.22
MICN/ARN training program approval	819.33
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation (Out of County Level II - \$4,064, In-County Level II - \$54,764.00, In-County Level I – \$106,136.24	4,064.00 54,764.00 106,136.24
Pediatric facility approval	
Pediatric facility designation	

Table 2 - System Organization & Management (cont.)

Other critical care center application	Type:
Other critical care center designation	Type:
Ambulance service license	
Ambulance vehicle permits	
Other:	
Other:	
Other:	

7. Complete the table on the following two pages for the EMS agency staff for 2018.

Table 2 - System Organization & Management (cont.)EMS System: Sacramento CountyReporting Year: FY 2018-2019

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	EMS Administrator	1.0	64.21	28%	
Administration Manager	Administrative Services Offices II	1.0	44.09	24%	
ALS Coordinator/ Field Coordinator/ Training Coordinator	EMS Coordinator	1.0	50.58	24%	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist II	3.0	38.30	24%	
Trauma Coordinator					
Medical Director	Medical Director	0.23	125.00	0	
Other MD/ Medical Consultant/ Training Medical Director					
Disaster Medical Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
Quality Improvement Coordinator					
Public Information/ Education Coordinator					
Executive Secretary					
Other Clerical	Senior Office Assistant II	1.0	22.93	24%	
Data Entry Clerk					
Other					

Table 2 – System Organization & Management Organizational Chart

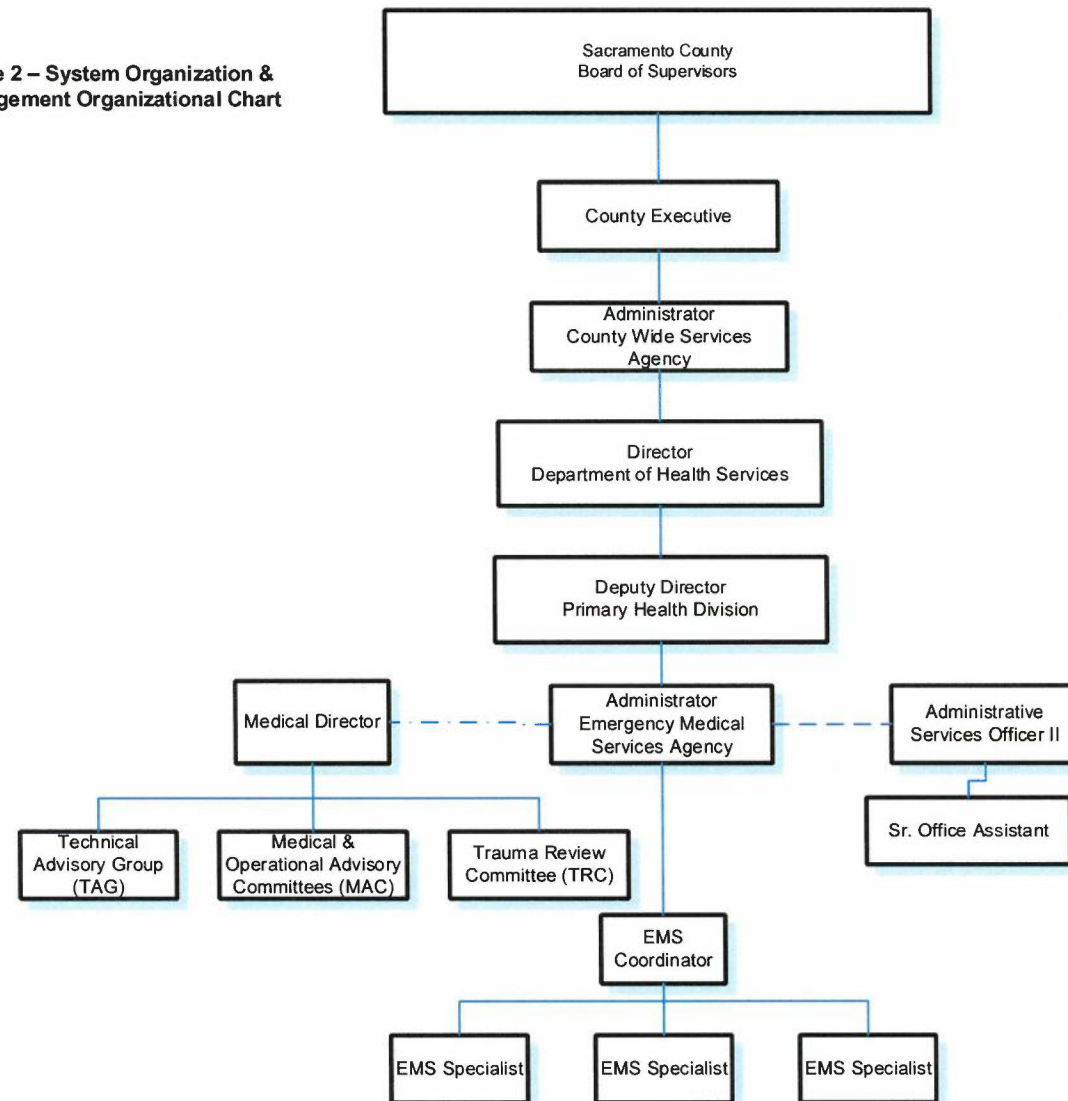


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/TrainingEMS System: Sacramento CountyReporting Year: 2018

	EMT-I	EMT-II	EMT-P	MICN	EMS Dispatchers
Total certified	735	0	725	116	0*
Number of newly certified this year	321	0	119	31	0*
Number of recertified this year	414	0	605	85	0*
Total number of accredited personnel on June 1 of the reporting year					
Number of certificate reviews resulting in:					
a) formal investigations	31	-	0	0	-
b) probation	4	-	0	0	-
c) suspensions	0	-	0	0	-
d) revocations	4	-	0	0	-
e) denials	3	-	0	0	-
f) denials of renewal	0	-	0	0	-
g) no action taken	18	-	0	0	-

1. Number of EMS dispatchers trained to EMSA standards: All 9-1-1 medical dispatchers are EMD certified.
2. Early defibrillation:
 - a. Number of EMT-I (defibrillation) certified – 22,315
 - b. Number of public safety (defibrillation) certified (non-EMT-I) – 3,192
3. Do you have a first responder-training program? No

* The EMS Agency does not train/certify dispatchers

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- CommunicationsEMS System: Sacramento CountyReporting Year: 2018

1. Number of primary Public Safety Answering Points (PSAP)	7
2. Number of secondary PSAPs	1
3. Number of dispatch centers directly dispatching ambulances	8
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	Y
a. Radio primary frequency 800 MHz Trunked System (multiple frequency switching)	Y
b. Other methods	Y
c. Can all medical units communicate on the same disaster communications system?	Y
d. Do you participate in OASIS?	Y
e. Do you have a plan to utilize RACES as a back-up communication system?	Y
i. Within the operational area?	Y
ii. Between the operational area and the region and/or state?	Y

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/TransportationEMS System: Sacramento CountyReporting Year: 2018

TRANSPORTING AGENCIES		2018
1. Number of exclusive operating areas		0
2. Percentage of population covered by Exclusive Operating Areas (EOA)		0
3. Total number responses (<u>Provided by ALS Service Providers</u>)		276,278
a. Number of emergency responses (Code 2: expedient, Code 3: lights and siren)		159,665
b. Number of incidents classified as medic responses where patient contact was made.		237,994
c. Number non-emergency responses. (Code 1: normal)		78,279
4. Total number of transports (<u>Provided by ALS Service Providers</u>)		172,269
a. Number of emergency transports (Code 2: expedient, Code 3: lights and siren)		112,551
b. Number of incidents requiring medic transport		112,551
c. Number non-emergency transports (Code 1: normal)		59,718
Early Defibrillation Programs		
5. Number of public safety defibrillation programs		
a. Automated		3
b. Manual		0
6. Number of EMT-Defibrillation programs		
a. Automated		8
b. Manual		0
Air Ambulance Services (<u>Provided by Air Service Providers</u>)		
7. Total number of requests		92
a. Number of emergency response		27
b. Number of non-emergency responses		65
8. Total number of transports		58
a. Number of emergency (scene) responses		9
b. Number of non-emergency responses		49

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont.)**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	4-6 minutes	4-6 minutes	N/A	N/A
2. Early defibrillation capable responder.	4-6 minutes	4-6 minutes	N/A	N/A
3. Advanced life capable responder.	4-6 minutes	20 minutes	N/A	N/A
4. EMS transport unit.	6-8 minutes	20 minutes	N/A	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care
 EMS System: Sacramento County Reporting Year: 2018

Trauma care system

1. Trauma Patients: (a. data from CEMSIS. b-f data from Patient Registry)	
a. Number of patients meeting trauma triage criteria	2648
b. Number of patients meeting trauma triage criteria and who were admitted to a trauma center or were transferred or died.	6,333
c. Number of major trauma victims transported directly to a trauma center by ambulance	2527
d. Number of major trauma victims who were admitted to a trauma center and who were transported directly to a trauma center by ambulance (includes air ambulances)	5,017
e. Number of major trauma patients transferred to a trauma center	67
f. Number of patients meeting triage criteria who were not treated at a trauma center	121

Emergency departments:

2. Total number of emergency departments	9
a. Number of referral emergency services	0
b. Number of standby emergency services	0
c. Number of basic emergency services	8
d. Number of comprehensive emergency services	1

Receiving Hospitals

3. Number of receiving hospitals with written agreements	5
4. Number of Base Hospitals with written agreements	3

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical
 EMS System: Sacramento County Reporting Year: 2018

SYSTEM RESOURCES

1. Casualty Collections Point (CCP)
 - a. Where are your CCPs located? Airports and other as needed
 - b. How are they staffed? Paramedics, EMTs, nurses, physicians, volunteers
 - c. Do you have a supply system to support them for 72 hours? Y
2. Critical Incident Stress Debriefing (CISD)
 - a. Do you have a CISD provider with 24-hour capability? Y
3. Medical Response Team
 - a. Do you have any team medical response capability? N
 - b. For each team, are they incorporated into your local response plan?
 - c. Are they available for statewide response?
 - d. Are they part of a formal out-of-state response system?
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Y
 - b. At what HazMat level are they trained? Specialist
 - c. Do you have the ability to do decontamination in an emergency room? Y
 - d. Do you have the ability to do decontamination in the field? Y

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (cont.)EMS System: Sacramento CountyReporting Year: 2018**OPERATIONS**

- | | |
|---|---|
| 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? | Y |
| 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? | 6 |
| 3. Have you tested your Multi-Casualty Incident (MCI) Plan this year in a: | |
| a. Real event? | Y |
| b. Exercise? | Y |
| 4. List all counties with which you have a written medical mutual aid agreement: | Amador, Contra Costa, Placer, San Joaquin, Solano, Yolo |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? | Y |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? | Y |
| 7. Are you part of a multi-county EMS system for disaster response? | Y |
| 8. Are you a separate department or agency? | N |
| 9. If not, to whom do you report? | Deputy Director, Primary Health |
| 10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | Y |

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** AlphaOne Ambulance Medical Services Inc. **Response Zone:** Sacramento County

Address: 10461 Old Placerville Rd. Suite 110 **Number of Ambulance Vehicles in Fleet:** 20
Sacramento, CA 95827

Phone Number: (916)635-2011 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

<u>Written Contract:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>Medical Director:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>System Available 24 Hours:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>Level of Service:</u> <div> <input checked="" type="radio"/> Transport <input checked="" type="radio"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="radio"/> Ground <input checked="" type="radio"/> Non-Transport <input checked="" type="radio"/> BLS <input checked="" type="radio"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="radio"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="radio"/> IFT </div>	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="radio"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>20680</u>	Total number of responses	<u>18275</u>	Total number of transports
<u>15983</u>	Number of emergency responses	<u>13523</u>	Number of emergency transports
<u>4697</u>	Number of non-emergency responses	<u>4752</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** American Medical Response **Response Zone:** Sacramento County

Address: 1101 Fee Drive **Number of Ambulance Vehicles in Fleet:** 30
Sacramento, CA 95815

Phone Number: (916) 563-0835 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS ● 9-1-1 ● Ground ● Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit ● CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>10,349</u>	Total number of responses	<u>6,881</u>	Total number of transports
<u>5,676</u>	Number of emergency responses	<u>503</u>	Number of emergency transports
<u>4,674</u>	Number of non-emergency responses	<u>6,378</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Sacramento</u>	Provider: <u>Bay Medic Transportation Inc.</u>	Response Zone: <u>Sacramento County</u>
Address: <u>7917 Fruitridge Rd. #B</u> <u>Sacramento, CA 95820</u>	Number of Ambulance Vehicles in Fleet: <u>3</u>	
Phone Number: <u>(925) 689-9000</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS <input type="checkbox"/> 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1,071</u>	Total number of responses
<u>4</u>	Number of emergency responses
<u>1,067</u>	Number of non-emergency responses

<u>1,071</u>	Total number of transports
<u>0</u>	Number of emergency transports
<u>1,071</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses
<u>N/A</u>	Number of emergency responses
<u>N/A</u>	Number of non-emergency responses

<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SacramentoProvider: CALSTARResponse Zone: Sacramento
CountyAddress: 8880 Cal Center Dr. Suite 125
Sacramento, CA 95652Number of Ambulance Vehicles in Fleet: 9-Northern CaliforniaPhone Number: (916) 921-4000Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 7-Northern California

<u>Written Contract:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>Medical Director:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>System Available 24 Hours:</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	<u>Level of Service:</u> <input checked="" type="radio"/> Transport <input checked="" type="radio"/> ALS <input checked="" type="radio"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="radio"/> 7-Digit <input checked="" type="radio"/> Air <input checked="" type="radio"/> 7-Digit <input checked="" type="radio"/> CCT <input type="checkbox"/> Water <input checked="" type="radio"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="radio"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="radio"/> Rotary <input checked="" type="radio"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="radio"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

34 Total number of responses
7 Number of emergency responses
27 Number of non-emergency responses

20 Total number of transports
2 Number of emergency transports
18 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** California Highway Patrol **Response Zone:** Sacramento County

Address: 1801 9th St. **Number of Ambulance Vehicles in Fleet:** 0
Sacramento, CA 95811

Phone Number: (916) 341-4740 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes ● No	<u>Medical Director:</u> <input type="checkbox"/> Yes ● No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes ● No	<u>Level of Service:</u> <input type="checkbox"/> Transport ● ALS ● 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> ● Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire ● Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County ● State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** Cosumnes Fire Department **Response Zone:** Sacramento County

Address: 10573 E. Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 15
Elk Grove, CA 95624

Phone Number: (916) 405-7100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground </div> <div> <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water </div>	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>19,790</u>	Total number of responses	<u>11,766</u>	Total number of transports
<u>19,790</u>	Number of emergency responses	<u>11,766</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Sacramento</u>	Provider: <u>Falck</u>	Response Zone: <u>Sacramento County</u>
Address: <u>4604 Roseville Rd. Suite 105</u> <u>North Highlands, CA 95660</u>	Number of Ambulance Vehicles in Fleet: <u>10</u>	
Phone Number: <u>(707) 766-2400</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>9</u>	

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS <input type="checkbox"/> 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit ● CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>9109</u>	Total number of responses	<u>8406</u>	Total number of transports
<u>24</u>	Number of emergency responses	<u>23</u>	Number of emergency transports
<u>9085</u>	Number of non-emergency responses	<u>8383</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** City of Folsom Fire Department **Response Zone:** Sacramento County

Address: 535 Glenn Drive **Number of Ambulance Vehicles in Fleet:** 3
Folsom, Ca 95630

Phone Number: (916) 461-6306 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="radio"/> No	<u>Medical Director:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="radio"/> Transport <input checked="" type="radio"/> ALS <input checked="" type="radio"/> 9-1-1 <input checked="" type="radio"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water	
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<u>Ownership:</u> <input checked="" type="radio"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="radio"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="radio"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8565</u>	Total number of responses	<u>4976</u>	Total number of transports
<u>8565</u>	Number of emergency responses	<u>4976</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento Provider: Medic Ambulance Response Zone: Sacramento County

Address: 2349 Lexington Street Number of Ambulance Vehicles in Fleet: 13
Sacramento, CA 95815

Phone Number: (916) 416-7575 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS ● 9-1-1 ● Ground ● Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit ● CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3510</u>	Total number of responses	<u>3414</u>	Total number of transports
<u>1677</u>	Number of emergency responses	<u>69</u>	Number of emergency transports
<u>1076</u>	Number of non-emergency responses	<u>3345</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** Norcal Ambulance **Response Zone:** Sacramento County

Address: 1815 Stockton Blvd. **Number of Ambulance Vehicles in Fleet:** 28
Sacramento, CA 95835

Phone Number: (916) 860-7900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport <input type="checkbox"/> Non-Transport ● ALS ● BLS ● 7-Digit <input type="checkbox"/> 9-1-1 ● 7-Digit ● CCT ● IFT ● Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1,489 Total number of responses
282 Number of emergency responses
1207 Number of non-emergency responses

1,489 Total number of transports
244 Number of emergency transports
1245 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sacramento**Provider:** ProTransport-1, LLC**Response Zone:** Sacramento
County**Address:** 191 Lathrop Way Suite N
Sacramento, CA 95815**Number of Ambulance Vehicles in Fleet:** 35**Phone Number:** (800)650-4003**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 26

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS <input type="checkbox"/> 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit ● CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

27,042 Total number of responses
165 Number of emergency responses
26,877 Number of non-emergency responses

18,194 Total number of transports
19 Number of emergency transports
18,175 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SacramentoProvider: Sacramento City Fire DepartmentResponse Zone: Sacramento CountyAddress: 5770 Freeport Blvd. Suite 200
Sacramento, CA 95822Number of Ambulance Vehicles in Fleet: 24Phone Number: (916) 808-1300Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 17

<u>Written Contract:</u> Yes <input checked="" type="radio"/> No	<u>Medical Director:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="radio"/> Transport <input checked="" type="radio"/> ALS <input checked="" type="radio"/> 9-1-1 <input checked="" type="radio"/> Ground <input checked="" type="radio"/> Non-Transport <input checked="" type="radio"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="radio"/> Water </div>			
<u>Ownership:</u> <input checked="" type="radio"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="radio"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="radio"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue		

Transporting Agencies

<u>93,240</u>	Total number of responses
<u>55,662</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

<u>42,114</u>	Total number of transports
<u>45,620</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses
<u>N/A</u>	Number of emergency responses
<u>N/A</u>	Number of non-emergency responses

<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sacramento **Provider:** Sacramento Metropolitan Fire District **Response Zone:** Sacramento County

Address: 10545 Armstrong Ave. Ste. 200 **Number of Ambulance Vehicles in Fleet:** 42
Mather, CA 95655

Phone Number: (916) 859-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 31

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>81,236</u>	Total number of responses	<u>51,971</u>	Total number of transports
<u>51,828</u>	Number of emergency responses	<u>35,799</u>	Number of emergency transports
<u>29,408</u>	Number of non-emergency responses	<u>16,172</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Sacramento</u>	Provider: <u>Sacramento Valley Ambulance</u>	Response Zone: <u>Sacramento County</u>
Address: <u>6220 Belleau Wood Lane #4</u> <u>Sacramento, CA 95660</u>	Number of Ambulance Vehicles in Fleet: <u>15</u>	
Phone Number: <u>(916) 736-2500</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS <input type="checkbox"/> 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit ● CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8</u> Total number of responses	<u>8</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>8</u> Number of non-emergency responses	<u>8</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sacramento**Provider:** Sacramento Valley Ambulance**Response Zone:** Sacramento County**Address:** 6220 Belleau Wood Lane #4
Sacramento, CA 95660**Number of Ambulance Vehicles in Fleet:** 15**Phone Number:** (916) 736-2500**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="radio"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="radio"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="radio"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input type="radio"/> Transport <input type="radio"/> ALS <input type="checkbox"/> 9-1-1 <input type="radio"/> Ground <input type="radio"/> Non-Transport <input type="radio"/> BLS <input type="radio"/> 7-Digit <input type="checkbox"/> Air <input type="radio"/> 7-Digit <input type="radio"/> CCT <input type="checkbox"/> Water <input type="radio"/> IFT </div>	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="radio"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

8 Total number of responses
0 Number of emergency responses
8 Number of non-emergency responses

8 Total number of transports
0 Number of emergency transports
8 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: <u>Sacramento</u>	Provider: <u>TLC Transportation, Inc.</u>	Response Zone: <u>Sacramento County</u>
Address: <u>3318 Howard Street Ste. 150</u> <u>McClellan, CA 95652</u>	Number of Ambulance Vehicles in Fleet: <u>6</u>	
Phone Number: <u>(916) 368-2222</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: <u>2</u>	

<u>Written Contract:</u> ● Yes <input type="checkbox"/> No	<u>Medical Director:</u> ● Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> ● Yes <input type="checkbox"/> No	<u>Level of Service:</u> ● Transport ● ALS <input type="checkbox"/> 9-1-1 ● Ground <input type="checkbox"/> Non-Transport ● BLS ● 7-Digit <input type="checkbox"/> Air ● 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water ● IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public ● Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>189</u> Total number of responses	<u>180</u> Total number of transports
<u>9</u> Number of emergency responses	<u>9</u> Number of emergency transports
<u>180</u> Number of non-emergency responses	<u>189</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: 2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** Sacramento**Provider:** Wilton Fire Protection District**Response Zone:** Sacramento
County**Address:** 9800 Dillard Rd.
Wilton, CA 95693**Number of Ambulance Vehicles in Fleet:** 0**Phone
Number:** (916)687-6920**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="radio"/> No	<u>Medical Director:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="radio"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="radio"/> ALS <input checked="" type="radio"/> 9-1-1 <input checked="" type="radio"/> Ground <input checked="" type="radio"/> Non-Transport <input checked="" type="radio"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="radio"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="radio"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="radio"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

APPENDIX 2:

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Date: July 5, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Sacramento County EMS Agency

Area or Subarea (Zone) Name or Title:
Sacramento County

Name of Current Provider(s):

- | | |
|---------------------------------|--|
| 1. American Medical Response | 9. Sacramento Metropolitan Fire District |
| 2. California Highway Patrol | 10. TLC EMS Inc. |
| 3. CALSTAR | 11. ProTransport-1 |
| 4. Cosumnes CSD Fire Department | 12. Sacramento Valley Ambulance |
| 5. Folsom Fire Department | 13. NorCal Ambulance |
| 6. Medic Ambulance Service | 14. Falck |
| 7. REACH | 15. Alpha One Ambulance |
| 8. Sacramento Fire Department | |

Area or Subarea (Zone) Geographic Description:
Geographic boundaries of Sacramento County.

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Non-exclusive. See Appendices 4, 5 & 6 of the EMS Plan.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Not Applicable

Method to achieve exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Not Applicable

Table 9: Resources Directory – Facilities**County:** Sacramento County**Reporting Year:** 2018**Note:** Complete information for each facility by county. Make copies as needed.**Facility:** Kaiser Sacramento - North**Telephone Number:** (916) 973-5000**Address:** 2025 Morse AveSacramento, CA. 95825

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory – Facilities

County: Sacramento County

Reporting Year: 2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser South Sacramento

Telephone Number: (916) 688-2511

Address: 6600 Bruceville Road

Sacramento, CA. 95823

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory – Facilities**County:** Sacramento County**Reporting Year:** 2018**Note:** Complete information for each facility by county. Make copies as needed.**Facility:** Mercy Hospital of FolsomTelephone Number: (916) 983-7400Address: 1650 Creekside DriveFolsom, CA 95630

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – FacilitiesCounty: Sacramento CountyReporting Year: 2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mercy General HospitalTelephone Number: (916) 453-4545Address: 4001 J StreetSacramento, CA. 95819

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – Facilities**County:** Sacramento County**Reporting Year:** 2018**Note:** Complete information for each facility by county. Make copies as needed.**Facility:** Mercy San Juan Medical Center**Telephone Number:** (916) 864-5550**Address:** 6501 Coyle AveCarmichael, CA 95608

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – FacilitiesCounty: Sacramento CountyReporting Year: 2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: Methodist Hospital of SacramentoTelephone Number: (916) 423-3000Address: 7500 Hospital DriveSacramento, CA 95823

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – FacilitiesCounty: Sacramento CountyReporting Year: 2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Medical Center, SacramentoTelephone Number: (916) 887-1260Address: 2825 Capitol Ave.Sacramento, CA 95816

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory – Facilities**County:** Sacramento County**Reporting Year:** 2018**Note:** *Complete information for each facility by county. Make copies as needed.***Facility:** Sutter Roseville Medical CenterTelephone Number: (916) 781-1800Address: 1 Medical PlazaRoseville, CA 95661

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – Facilities**County:** Sacramento County**Reporting Year:** 2018**Note:** Complete information for each facility by county. Make copies as needed.**Facility:** UC Davis Medical Center, Emergency Dept.**Telephone Number:** (916) 734-5323 (pre-hospital)
(916) 734-2011 (main)**Address:** 2315 Stockton Blvd.
Sacramento, CA 95817

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory – FacilitiesCounty: Sacramento CountyReporting Year: 2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: Veterans Affairs Medical CenterTelephone Number: (916) 262-5763Address: 10535 Hospital WayMather, CA. 95655

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Sacramento County EMS Agency Training and CE Programs

EMT Training Programs:

American River College
Cosumnes River College Careers and Technology
California State University, Sacramento (CSUS) College of Continuing Education
California Regional Fire Academy
Project Heartbeat
Walnut Grove Fire District

Paramedic Training Programs:

American River College (ARC)
California State University, Sacramento (CSUS) College of Continuing Education

MICN:

University of California Davis Medical Center (USDMC)
Mercy San Juan (MSJ)

Continuing Education for Paramedics and EMTs/MICNS:

AlphaOne Ambulance	Kaiser Sacramento Medical Center North
Dignity Health Collaborative Learning Centers	Walnut Grove Fire District
Mercy San Juan Medical Center	River Delta Fire District
American River College	California State University-College of Continuing Education
Disaster Management Assistance Team CA-11	California Fire & Rescue Training Authority
Cosumnes River College	Sacramento County Airport Fire
Norcal Ambulance	Kaiser Permanente Medical South Sacramento
Folsom Fire Department	Cosumnes Community Services District Fire Department
NorCal Emergency Medical Training	Margaret Watson-Hopkins
University of California Davis Medical Center	Sacramento Fire Department
Sacramento Metropolitan Fire District	
California Shock Trauma Air Rescue (CALSTAR)	
International School of Tactical Medicine	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Alpha One Ambulance</u>		Telephone Number:	<u>(916) 635-2011</u>
Address:	<u>4700 College Oak Drive</u>			
	<u>Sacramento, CA 95841</u>			
Student Eligibility*:	<u>Employees Only</u>	Cost of Program:	**Program Level	<u>EMT/EMT</u>
		Basic: <u>0</u>	Number of students completing training per year:	
		Refresher: _____	Initial training:	<u>49</u>
			Refresher:	<u>130</u>
			Continuing Education:	<u>179</u>
			Expiration Date:	<u>7/26/19</u>
			Number of courses:	
			Initial training:	<u>15</u>
			Refresher:	<u>26</u>
			Continuing Education:	<u>41</u>

Training Institution:	<u>American River College</u>		Telephone Number:	<u>(916) 484-8843</u>
Address:	<u>4700 College Oak Drive</u>			
	<u>Sacramento, CA 95841</u>			
Student Eligibility*:	<u>Open</u>	Cost of Program:	**Program Level	<u>EMT/EMT-P</u>
		Basic: <u>4600</u>	Number of students completing training per year:	
		Refresher: _____	Initial training:	<u>278</u>
			Refresher:	<u>20</u>
			Continuing Education:	<u>30</u>
			Expiration Date:	<u>3/22/20</u>
			Number of courses:	
			Initial training:	<u>9</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>30</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training ProgramsCounty: SacramentoReporting Year: 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>California Fire & Rescue Training Authority</u>		Telephone Number:	<u>(916) 475-1664</u>
Address:	<u>10545 Armstrong Avenue Suite 320</u>			
	<u>Mather, CA 95655</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT/EMT-P</u>	
	Cost of Program:			
	Basic:	<u>200</u>	Number of students completing training per year:	
	Refresher:		Initial training:	<u>200</u>
			Refresher:	<u>500</u>
			Continuing Education:	<u>100</u>
			Expiration Date:	<u>1/31/20</u>
		Number of courses:		
		Initial training:		<u>25</u>
		Refresher:		<u>20</u>
		Continuing Education:		<u>5</u>

Training Institution:	<u>California State University, Sacramento College of Continuing Education</u>		Telephone Number:	<u>(916) 278-4846</u>
Address:	<u>3000 State University Drive</u>			
	<u>Sacramento, CA 95819</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT-P</u>	
	Cost of Program:			
	Basic:	<u>13,500</u>	Number of students completing training per year:	
	Refresher:		Initial training:	<u>92</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>3</u>
			Expiration Date:	<u>10/31/19</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>California State University, Sacramento College of Continuing Education</u>		Telephone Number:	<u>(916) 278-4846</u>
Address:	<u>3000 State University Drive</u>			
	<u>Sacramento, CA 95819</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>1500</u>	Initial training:	<u>270</u>	
	Refresher: <u> </u>	Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	
		Expiration Date:	<u>1/17/20</u>	
		Number of courses:		
		Initial training:	<u>9</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

Training Institution:	<u>California State University, Sacramento College of Continuing Education</u>		Telephone Number:	<u>(916) 278-4846</u>
Address:	<u>3000 State University Drive</u>			
	<u>Sacramento, CA 95819</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>Other</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>0</u>	Initial training:	<u>92</u>	
	Refresher: <u> </u>	Refresher:	<u>92</u>	
		Continuing Education:	<u>92</u>	
		Expiration Date:	<u>1/17/20</u>	
		Number of courses: <u> </u>		
		Initial training:	<u>0</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>CALSTAR</u>	Telephone Number:	<u>(916) 921-4026</u>
Address:	<u>4933 Bailey Loop</u>		
	<u>McClellan, CA 95652</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT-P</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>2883</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>2883</u>
		Expiration Date:	<u>3/31/20</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>14</u>

Training Institution:	<u>Cosumnes Fire Department</u>	Telephone Number:	<u>(916) 405-7125</u>
Address:	<u>10573 E. Stockton Blvd.</u>		
	<u>Elk Grove, CA 95624</u>		
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>EMT/EMT-P</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>169</u>
		Refresher:	<u>301</u>
		Continuing Education:	<u>1262</u>
		Expiration Date:	<u>1/17/20</u>
		Number of courses: _____	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>34</u>

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Cosumnes River College</u>	Telephone Number:	<u>(916) 412-0981</u>
Address:	<u>8401 Center Parkway</u>		
	<u>Sacramento, CA 95823</u>		
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>500</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>50</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>15</u>
		Expiration Date:	<u>6/30/20</u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>4</u>

Training Institution:	<u>Dignity Health Collaborative Learning Center</u>	Telephone Number:	<u>(916) 733-6307</u>
Address:	<u>1700 Tribute Road, Suite 100</u>		
	<u>Sacramento, CA 95815</u>		
Student Eligibility*:	<u>Public/Employee</u>	**Program Level	<u>other</u>
	Cost of Program:		
	Basic: <u>200</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>2332</u>
		Refresher:	<u>355</u>
		Continuing Education:	<u>2687</u>
		Expiration Date:	<u>11/30/20</u>
		Number of courses: _____	
		Initial training:	<u>121</u>
		Refresher:	<u>14</u>
		Continuing Education:	<u>135</u>

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training ProgramsCounty: SacramentoReporting Year: 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>DMAT-CA-11 Sacramento</u>		Telephone Number:	<u>(916) 606-5200</u>
Address:	<u>10161 Croydon Way Suite 2</u>			
	<u>Sacramento, CA 95827</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>other</u>	
Cost of Program:		Number of students completing training per year:		
Basic:	<u>0</u>	Initial training:	<u>0</u>	
Refresher:	<u> </u>	Refresher:	<u>0</u>	
		Continuing Education:	<u>30</u>	
		Expiration Date:	<u>3/24/20</u>	
		Number of courses:		
		Initial training:	<u>0</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>6</u>	

Training Institution:	<u>Folsom City Fire Department</u>		Telephone Number:	<u>(916) 461-6300</u>
Address:	<u>535 Glenn Drive</u>			
	<u>Folsom, CA 95630</u>			
Student Eligibility*:	<u>Employee Only</u>	**Program Level	<u>EMT/EMT-P</u>	
Cost of Program:		Number of students completing training per year:		
Basic:	<u>0</u>	Initial training:	<u>51</u>	
Refresher:	<u> </u>	Refresher:	<u>45</u>	
		Continuing Education:	<u>70</u>	
		Expiration Date:	<u>1/21/20</u>	
		Number of courses:	<u> </u>	
		Initial training:	<u>2</u>	
		Refresher:	<u>3</u>	
		Continuing Education:	<u>7</u>	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>International School of Tactical Medicine (ISTM) LLC</u>		Telephone Number:	<u>(760) 880-4102</u>
Address:	<u>P.O. Box 2609</u>			
	<u>Rancho Mirage, CA 92270</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT/EMT-P/Other</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>2,990</u>	Initial training:	<u>0</u>	
	Refresher: <u> </u>	Refresher:	<u>0</u>	
		Continuing Education:	<u>47</u>	
		Expiration Date:	<u>2/29/20</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>1</u>	

Training Institution:	<u>Kaiser Sacramento Medical Center-North</u>		Telephone Number:	<u>(916) 200-8303</u>
Address:	<u>2025 Morse Avenue</u>			
	<u>Sacramento, CA 95825</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT/EMT-P</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>0</u>	Initial training:	<u>51</u>	
	Refresher: <u> </u>	Refresher:	<u>45</u>	
		Continuing Education:	<u>70</u>	
		Expiration Date:	<u>1/21/20</u>	
		Number of courses: <u> </u>		
		Initial training:	<u>0</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>2</u>	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Sacramento

Reporting Year: 2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Kaiser Permanente South Sacramento</u>		Telephone Number:	<u>(916) 201-4265</u>
Address:	<u>6600 Bruceville Road</u>			
	<u>Sacramento, CA 95823</u>			
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT/EMT-P/MICN</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>0</u>
			Refresher:	<u>26</u>
			Continuing Education:	<u>213</u>
			Expiration Date:	<u>9/29/20</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>4</u>
		Continuing Education:		<u>12</u>
				<u> </u>

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TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Mercy San Juan Medical Center</u>		Telephone Number: <u>(916)536-3218</u>	
Address: <u>6501 Coyle Avenue</u>			
<u>Carmichael, CA 95608</u>			
Student Eligibility*: <u>Open to Public</u>	**Program Level <u>EMT/EMT-P/MICN</u>		
Cost of Program:	Number of students completing training per year: <u>0</u>		
Basic: <u> </u>	Initial training: <u>0</u>		
Refresher: <u> </u>	Refresher: <u>0</u>		
	Continuing Education: <u>0</u>		
	Expiration Date: <u>0</u>		
	Number of courses: <u>0</u>		
	Initial training: <u>0</u>		
	Refresher: <u>0</u>		
	Continuing Education: <u>0</u>		

Training Institution: <u>NorCal Ambulance</u>		Telephone Number: <u>(916) 860-7900</u>	
Address: <u>1815 Stockton Blvd.</u>			
<u>Sacramento, CA 95816</u>			
Student Eligibility*: <u>Employees Only</u>	**Program Level <u>EMT/EMT-P</u>		
Cost of Program:	Number of students completing training per year: <u>0</u>		
Basic: <u>0</u>	Initial training: <u>0</u>		
Refresher: <u>0</u>	Refresher: <u>0</u>		
	Continuing Education: <u>0</u>		
	Expiration Date: <u>0</u>		
	Number of courses: <u>0</u>		
	Initial training: <u>0</u>		
	Refresher: <u>0</u>		
	Continuing Education: <u>0</u>		

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TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>NorCal Emergency Medical Training</u>		Telephone Number:	<u>(916) 787-1787</u>
Address:	<u>1512 Eureka Road, Suite 105</u>			
	<u>Roseville, CA 95661</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT/EMT-P/MICN</u>	
	Cost of Program:	Number of students completing training per year: <u>5311</u>		
	Basic: <u>250</u>	Initial training:	<u>379</u>	
	Refresher: _____	Refresher:	<u>918</u>	
		Continuing Education:	<u>4014</u>	
		Expiration Date:	<u>8/7/19</u>	
		Number of courses: <u>1046</u>		
		Initial training:	<u>275</u>	
		Refresher:	<u>147</u>	
		Continuing Education:	<u>624</u>	

Training Institution:	<u>Sacramento County Airport Fire</u>		Telephone Number:	<u>(916) 874-0630</u>
Address:	<u>7201 Earhart Drive</u>			
	<u>Sacramento, CA 95837</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year: <u>0</u>		
	Basic: <u>0</u>	Initial training:	<u>0</u>	
	Refresher: <u>0</u>	Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	
		Expiration Date:	<u>9/20/20</u>	
		Number of courses: <u>0</u>		
		Initial training:	<u>0</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>0</u>	

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** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Sacramento City Fire Department</u>		Telephone Number:	<u>(916) 767-2251</u>
Address:	<u>3230 J Street</u>			
	<u>Sacramento, CA 95816</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>EMT/EMT-P/MICN</u>	
	Cost of Program:			
	Basic: <u>0</u>	Number of students completing training per year:		
	Refresher: <u> </u>	Initial training:	<u>440</u>	
		Refresher:	<u>550</u>	
		Continuing Education:	<u>550</u>	
		Expiration Date:	<u>1/26/20</u>	
		Number of courses:		
		Initial training:	<u>1</u>	
		Refresher:	<u>1</u>	
		Continuing Education:	<u>24</u>	

Training Institution:	<u>Sacramento Metropolitan Fire Department</u>		Telephone Number:	<u>(916) 704-0896</u>
Address:	<u>10545 Armstrong Avenue Suite 200</u>			
	<u>Mather, CA 95655</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>EMT/EMT-P</u>	
	Cost of Program:			
	Basic: <u>0</u>	Number of students completing training per year:		
	Refresher: <u>0</u>	Initial training:	<u>450</u>	
		Refresher:	<u>450</u>	
		Continuing Education:	<u>450</u>	
		Expiration Date:	<u>7/13/20</u>	
		Number of courses: <u>0</u>		
		Initial training:	<u>1</u>	
		Refresher:	<u>5</u>	
		Continuing Education:	<u>3</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Sacramento**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Walnut Grove Fire Department</u>		Telephone Number:	<u>(209) 224-4211</u>	
Address:	<u>14160 Grove Street</u>				
	<u>Walnut Grove, CA 95690</u>				
Student Eligibility*:	<u>Public</u>	**Program Level	<u>EMT</u>		
	Cost of Program:	Number of students completing training per year:			
	Basic: <u>1200</u>	Initial training: <u>3</u>			
	Refresher: <u> </u>	Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		Expiration Date: <u>5/19/21</u>			
		Number of courses:			
		Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		<u> </u>			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: RESOURCES DIRECTORY -- Dispatch AgencyCounty: Sacramento CountyReporting Year: 2018

Name:	<u>AlphaOne Ambulance Medical Services, Inc</u>		Primary Contact:	<u>Tom Arjil</u>	
Address:	<u>10461 Old Placerville Road, Suite 110</u>				
	<u>Sacramento, CA 95827</u>				
Telephone Number:	<u>916-635-1111</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>13</u> EMD Training	<u>38</u> ALS	
			<u>64</u> BLS	<u>15</u> LALS	Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name:	<u>AMR Sacramento Communications</u>		Primary Contact:	<u>Jacquelyn Hunsaker</u>	
Address:	<u>1041 Fee Drive</u>				
	<u>Sacramento, CA 95815</u>				
Telephone Number:	<u>1-800-193-9112</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>50</u> EMD Training	<u>24</u> ALS	
			<u> </u> BLS	<u> </u> LALS	Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**County:** Sacramento County**Reporting Year:** 2018

Name:	California Shock Trauma Air Rescue (CALSTAR)	Primary Contact:	Dannielle Lance, Communication Center Manger
Address:	<u>4933 Bailey Loop</u> <u>McClellan, CA 95652</u>		
Telephone Number:	<u>(916) 921-4000</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>11</u> Other Comm Spec (NAACS)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

Name:	Falck Northern California	Primary Contact:	Chris LeBaudour
Address:	<u>2190 S. McDowell Ext.</u> <u>Petaluma, CA, 94954</u>		
Telephone Number:	<u>800-344-9955</u>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>12</u> EMD Training _____ EMT-D <u>6</u> ALS <u>6</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**County:** Sacramento County**Reporting Year:** 2018

Name:	<u>Medic Ambulance</u>	Primary Contact:	<u>Sandra Whaley</u>
Address:	<u>506 Couch Street</u>		
	<u>Vacaville, CA, 94590</u>		
Telephone Number:	<u>707-644-8989</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>13</u> EMD Training <u> </u> EMT-D <u> </u> ALS
			<u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	

Name:	<u>NORCAL Ambulance</u>	Primary Contact:	<u>John Brooks 916.812.9465</u>
Address:	<u>1815 Stockton Blvd.</u>		
	<u>Sacramento, CA, 95816</u>		
Telephone Number:	<u>916.860.7900</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>14</u> EMD Training <u> </u> EMT-D <u>10</u> ALS
			<u>168</u> BLS <u> </u> LALS <u> </u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	

County: Sacramento County

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Pro-Transport Ambulance		Primary Contact:	Devon D Luce; 916.822.0575	
Address:	191 Lathrop Way Suite N				
	Sacramento, CA 95815				
Telephone Number:	1.800.650.4003				
Written Contract:	Medical Director:		Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster			
			<u>20</u> EMD Training	<u>2</u> EMT-D	<u>30 of 30</u> ALS
			<u>30 of 30</u> BLS	<u>3</u> LALS	<u> </u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Name: <u>Sacramento Valley Ambulance</u>		Primary Contact: <u>Diana Sanchez</u>	
Address: <u>6220 Belleau Wood Lane #4</u>			
<u>Sacramento, CA, 95822</u>			
Telephone Number: <u>916-736-2500</u>			
Written Contract: <input checked="" type="radio"/> Yes <input type="radio"/> No		Medical Director: <input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	
		Number of Personnel Providing Services: <u>1</u> EMD Training <u>7</u> ALS	
		<u>50</u> BLS <u> </u> LALS <u> </u> Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	
		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		Explain: _____	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**County:** Sacramento County**Reporting Year:** 2018

Name:	<u>Sac Regional Fire/EMS Communications Center</u>		Primary Contact:	<u>Kaylee Soares</u>	
Address:	<u>10230 Systems Parkway</u> <u>Sacramento, CA, 95827</u>				
Telephone Number:	<u>916-228-3070</u>				
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>36</u> EMD Training <u> </u> EMT-D <u> </u> BLS <u> </u> LALS <u>14</u> ALS <u> </u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name:	<u>TLC Transportation, Inc</u>		Primary Contact:	<u>Patricio Bedilla</u>	
Address:	<u>5718 Luce Ave.</u> <u>McLellan, CA 95662</u>				
Telephone Number:	<u>916-825-2281</u>				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>5</u> EMD Training <u> </u> EMT-D <u>12</u> BLS <u> </u> LALS <u>3</u> ALS <u> </u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		